

**THE ONTARIO SENIOR GAMES ASSOCIATION  
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

*(For Volunteers 18 years of age and over)*

**WARNING! By executing this document, you will assume certain risks and responsibilities. Please read carefully.**

1. This is a binding legal agreement; therefore, clarify any questions or concerns before signing. As a Volunteer in the activities, programs and events of the Ontario Senior Games Association (collectively the "Activities"), the undersigned, being the Volunteer and/or the Parent/Guardian of the Volunteer (collectively the "Parties"), acknowledge and agrees to the following terms.

**Disclaimer**

2. The Ontario Senior Games Association, and its directors, officers, members, employees, coaches, volunteers, officials, participants, agents, sponsors, organizers, districts, and representatives, in addition to the Province of Ontario, all municipalities within the OSGA designated District, (the "Organizations") are not responsible for any injury, property damage, expense, loss of income, damage or loss of any kind suffered by a Volunteer during, or as a result of, the Activities.  
 ***We have read and agree to be bound by paragraphs 1 and 2***

**Description of Risks**

3. The Volunteer is participating voluntarily in the Activities. In consideration of that participation in the Activities, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards associated with or related to the Activities and may be exposed to such risks, dangers and hazards which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:
  - a) The risks, dangers and hazards particular to the Activities in which I am volunteering;
  - b) Exerting and stretching various muscle groups;
  - c) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
  - d) Failing to remain within designated areas;
  - e) Physical contact with other people;
  - f) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - g) Failing to comply with the rules established for participation;
  - h) Falling, tumbling or hitting other surfaces;
  - i) Falling to the ground due to uneven, slippery or irregular surfaces;
  - j) Contacting, colliding or being struck by other individuals, equipment, stands, or benches;
  - k) Extreme conditions which may result in heatstroke, hypothermia, heart attack, stroke, dehydration or any other condition that results from being exhausted. ***We have read and agree to be bound by paragraphs 3 and 4***

4. In consideration of the Organizations allowing the Volunteer to participate in Activities, the Parties agree:
  - a) That Volunteer has been adequately trained for the Activities;
  - b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from the Volunteer's participation in the Activities. ***We have read and agree to be bound by paragraphs 5***

**Acknowledgement**

5. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
District

**CONSENT FOR MEDICAL TREATMENT**  
*(Volunteers 18 years of age and over)*

I, \_\_\_\_\_ (*name of volunteer*), give permission to the Ontario Senior Games Association to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment.

I understand that the Ontario Senior Games Association will make every reasonable effort, in the circumstances, to contact \_\_\_\_\_ (*Contact*) at \_\_\_\_\_ (*telephone*) regarding my medical status in the event medical care or treatment is required. In the event that \_\_\_\_\_ (*Contact*) or I cannot be reached, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Ontario Senior Games Association.

Date: \_\_\_\_\_ Signature of Volunteer: \_\_\_\_\_

Witness: \_\_\_\_\_

***IMAGE CONSENT FORM AND RELEASE***

1. I hereby grant to the Ontario Senior Games Association and its agents on a worldwide basis, the permission to take, use and copyright in their own name photographs, videotapes, digital and video images, films, voice recordings or any other likeness of me (collectively the "Images"), to use, transmit, publish and sell such Images, in any format, style, form or media. This consent will remain in effect in perpetuity.
2. I further agree that all Images, plates, negatives and masters relating to the foregoing will be owned by the Ontario Senior Games Association.
3. I hereby fully release, discharge, and agree to save harmless the Ontario Senior Games Association, for any and all claims, demands, actions, damages, losses or costs that might arise out of the collection, use or disclosure of the Images or taking, publication, sale, distortion of the Images, plates, negatives, and masters or any other likeness or representation of me that may occur or be produced in the taking of said Images or in any subsequent processing thereof, including without limitation any claims for libel, passing off, misappropriate of personality or invasion of privacy.
4. **I UNDERSTAND AND AGREE**, that I have read and understood the terms and conditions of this document. On behalf of me, my heirs and assigns, I agree that I am signing this document voluntarily and to abide by such terms and conditions.

Signed at this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Print Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

District \_\_\_\_\_