PARTICIPANT WAIVER FORM

(SAMPLE ONLY)

**Definitions**

1. “Participant” means the individual participating in the squash activities run by (club / facility)
2. “You” means
   1. the Participant, if the Participant is 18 years or older; or
   2. the parent or legal guardian of the Participant, if the Participant is under 18 years

**Your physical condition and safety**

1. You acknowledge that squash is a sport that involves hitting a ball with a racket within a purpose-built court and comprises of periods of short moderate to intense physical activity.
2. You acknowledge that it is your responsibility to consult a physician regarding your ability to participate in squash.
3. You shall not participate in squash whilst suffering from any infections or contagious illness, disease or other ailment, including but not limited to, cuts, abrasions, open sores or minor infections. Where there is any risk that participation in such condition may be detrimental to the health, safety, comfort or physical condition of other participants you shall bring any such matters to the attention of the (club / facility).

**Limitation of Liability / Release / Indemnity**

* You are aware of the nature of squash and acknowledge that there are medical, health and physical risks to the Participant associated with playing squash.
* You voluntarily accept the inherent risks associated with such participation in squash activities or any use of facilities and take full responsibility for any injury, loss or damage to your person or property that may arise directly or indirectly from your participation in squash within the facilities.
* You have consulted a qualified medical practitioner on any pre-existing medical conditions and know of no reasons why You should not participate in squash.
* You agree to comply with the rules, regulations and instructions of (club / facility) personnel and will participate in a manner that will not endanger yourself or others at all times.
* You understand and agree that situations may arise during the squash activities, which may be beyond the control of the (club / facility) personnel.
* You agree that the (club / facility) and personnel associated with the squash activities shall not have any responsibility, financial or otherwise, for any risk incident that might arise, whether or not by negligence, from any direct or indirect loss, injury or death that might be sustained by You or any other party directly or indirectly associated with You, from your intended or actual participation in the activities.
* You consent to receiving medical treatment which may be advisable in the event of illness or injury suffered during the squash activities and agree that You will be responsible for any costs associated with any medical treatment and / or transportation as reasonably necessary.
* You authorise all photographs and videos of me to be used without payment to me in any broadcast, telecast, promotion, advertising or any other way pursuant to the Privacy Act 1993.

Full name of Participant

Signed Date

Date of Birth

***If Participant is under 18 years the Waiver must be signed by a parent or legal guardian***

Full name of parent / legal guardian

Signed Date