



2017 Western Hopes Tournament

Name: Last Name _____ First Name _____ Gender (M/F): _____
(PLEASE PRINT)

Date of birth: Day ____ Month ____ Year ____ Email: _____

Address: _____

City: _____ Postal Code: _____ Province: BC AB MB SK

Home phone#: _____ Cell phone#: _____

Membership: NO Yes # _____

Events: (Entry Fee: \$150.00/player, pay by: Association or Individual , Cash or CHQ only.)

- **Payable to BCTTA. Mailing Address: 11660 Bridgeport Road, Richmond, BC, V6X 1T2**

U13 yrs Singles Boys () Girls () (Born in Jan 1, 2004 or after)	U11 yrs Singles Boys () Girls () (Born in Jan 1, 2006 or after)	U9 yrs Singles Boys () Girls () (Born in Jan 1, 2008 or after)
U13 yrs Doubles Boys () Girls () (Born in Jan 1, 2004 or after)	U11 yrs Doubles Boys () Girls () (Born in Jan 1, 2006 or after)	U9 yrs Doubles Boys () Girls () (Born in Jan 1, 2008 or after)
Doubles' Partner: _____ Partner required <input type="checkbox"/>	Doubles' Partner: _____ Partner required <input type="checkbox"/>	Doubles' Partner: _____ Partner required <input type="checkbox"/>

British Columbia Table Tennis Association

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

("Agreement")

1. IN CONSIDERATION of being permitted to participate in any way in British Columbia Table Tennis sanctioned events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:
2. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Table Tennis Activities and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or my minor child will immediately discontinue further participation in the Activity.
3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH, HARASSMENT, EXPOSURE TO INAPPROPRIATE CONDUCT



**British Columbia
Table Tennis Association**

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Mailing address:
Suite #208
5760 Minoru Blvd.
Richmond, B.C.
V6X 2A9

AND LANGUAGE ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inaction, or the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SEVERE SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.

4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BC TABLE TENNIS ASSOCIATION, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Participant

Signature of Parent or Guardian

Date

(PLEASE PRINT) Name of Parent / Guardian