



OMMSPL APPLICATION & WAIVER FORM

Name:
Address:

Email Address:
Main Phone:
Alternate Phone:
Emergency Contact:
Date of Birth:

SPO Registration

A) Preferred Field Positions? 1) _____ 2) _____ B) Had CPR Training? **YES** **NO**

C) Do you have a medical condition that the League Executive or Team Manager should be aware of? (E.g. heart condition, diabetes, epilepsy, etc.) If **YES** (specify) _____ (use reverse if needed) **NO**

NOTE: We recommend you discuss your plans to partake in this activity with your physician.

WAIVER / RELEASE & INDEMNITY

This release form is a contract with legal consequences that among other things, waives your right to sue. Please read it carefully before signing.

I hereby waive all claims I may have and release, discharge and hold harmless Oakville Masters Men's Slo-Pitch League (OMMSPL) and its Executive, Managers, sponsors, volunteers and other players from any liability in connection with any injury, loss or damage to my person, reputation or property howsoever caused, or any illness I may contract (including but not limited to Covid-19), arising out of or in connection with my taking part in slo-pitch and related activities (such as games, practices, social events and travel to and from events sponsored by the OMMSPL), even if such injury, loss, damage or illness may have been contributed to or occasioned by the negligence or any action or inaction of the OMMSPL or any of its Executive, Managers, sponsors, volunteers or other players.

I am aware that failure to fully comply with all rules, Code of Conduct, regulations, orders, directives and policies established by the OMMSPL in connection with any matter relating to my participation, may result in disciplinary action being taken against me in the way of suspension(s) from the OMMSPL and such suspension(s) may be for any duration decided by the OMMSPL Executive and / or its Discipline Committee.

If my actions are deemed detrimental to the OMMSPL or any other participant, the OMMSPL may impose sanctions including but not limited to expulsion from the OMMSPL, cancellation of playing privileges and/or any costs incurred as a result of my detrimental actions. ***Decisions made by OMMSPL are not subject to appeal, nor refund of registration fees.***

I acknowledge and agree that the OMMSPL has sole discretion to determine if I have satisfactorily complied with the above.

I understand that OMMSPL reserves the right to publish and use the name and photographs of any participants involved in OMMSPL events. In addition, pursuant to the Information and Protection of Privacy Act, I consent to the use by OMMSPL of the information herein about me, for the purpose of OMMSPL or slo-pitch related activities.

PLAYER SIGNATURE _____ **DATE:** _____

Return Signed Application with your cheque to:

OAKVILLE MASTERS MEN'S SLO-PITCH
c/o 2307 Stillmeadow Rd.
Oakville, ON L6M 4C7