



# BOXING ONTARIO

## CONCUSSION CODE OF CONDUCT

### *For Participants - Annual:*

I confirm that:

(a) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

If am under 18 years of age, my parents/guardians confirm that:

(a) each has reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

### *For Coaches, Team Trainers and Officials – Annual:*

I confirm that:

(a) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/coaches/coaches-concussion-code-of-conduct/>) and that I will implement it in all activities sanctioned by Boxing Ontario.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant or

\_\_\_\_\_  
Date

**Or if coaching / officiating under 18yrs:**

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please **MAIL/E-MAIL** completed forms (including Membership, Waiver Form, Medical, and PRC where applicable) and payment to:  
**Boxing Ontario, 3701 Danforth Ave | Scarborough, N | M1N 2G2 |**

# BOXING ONTARIO

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (FOR THOSE 18 YEARS OF AGE AND OLDER)

**By signing this document, you will waive certain legal rights, including the right to sue. Please read carefully.**

This is a binding legal agreement. As a Participant in the competitions, programs, activities and events of the Canadian Amateur Boxing Association, Boxing Ontario and the undersigned acknowledges and agrees to the following terms:

### Description of Risks

1. In consideration of my participation in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:
  - a) Physical contact with the instructor, students or other participants;
  - b) Striking students, participants, objects or equipment;
  - c) Being struck by the instructor, students, participants, objects or equipment;
  - d) Contact, colliding, falling or being struck by other participants, spectators or equipment;
  - e) Executing strenuous and demanding physical techniques;
  - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
  - g) Exerting and stretching various muscle groups;
  - h) Dry land training including weights, running, circuit training and massage;
  - i) Extreme weather and temperature conditions which may result in heatstroke, sunstroke or hypothermia;
  - j) Falling or colliding with the ring, walls, stands, equipment or with other participants;
  - k) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - l) Spinal cord injuries which may render me permanently paralyzed;
  - m) Travel to and from competitive events and associated non-competitive events which are an integral part of Boxing Ontario's competitions, programs, activities, and events.
  
2. Furthermore, I am aware:
  - a) That injuries sustained can be severe;
  - b) That I may experience anxiety while challenging myself during the activities, events and programs;
  - c) That I may come into close contact with other participants;
  - d) That my risk of injury is reduced if I follow all rules established for participation; and
  - e) That my risk of injury increases as I become fatigued.

### Release of Liability and Disclaimer

3. In consideration of the Canadian Amateur Boxing Association and Boxing Ontario allowing me to participate, I agree:
  - a) That my physical condition has been verified by a medical doctor within the last six (6) months;
  - b) To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of these risks;
  - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
  - d) To **RELEASE** and **DISCHARGE** the Canadian Amateur Boxing Association and Boxing Ontario collectively its respective directors, officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, agents and representatives from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participating, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence of the Canadian Amateur Boxing Association or Boxing Ontario.

### Acknowledgement

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date