



Spectrum Promising Association

EVENT INJURY WAIVER

EVENT NAME: *Table Tennis Training Camp*

EVENT DATE: *2025-03-09*

EVENT LOCATION: *TBD*

Acknowledgment and Assumption of Risk:

I, the undersigned, acknowledge that participation in Table Tennis Training Camp involves certain risks and hazards, including but not limited to, physical injury, illness, and accidents. I understand that these risks may be exacerbated due to the nature of the event.

I willingly assume all such risks and accept full responsibility for any injury, illness, damage, or loss that may occur during or as a result of participation in the event.

Release and Waiver:

In consideration of being allowed to participate in Table Tennis Training Camp, I hereby release, waive, and discharge Spectrum Promising Association (SPA) and Partner, their officers, employees, volunteers, agents, and affiliates from any and all liability, claims, demands, actions and causes of action, of any kind or nature, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant or to any property belonging to the participant, whether caused by negligence or otherwise, while participating in the event or in any activities associated with the event.

Acknowledgment of Understanding:

I have read this waiver and release of liability and fully understand its terms, I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Individual OVER the age of 18

_____ Signature	_____ Print Name	_____ Date
_____ Street Address	_____ City and Province/Territory	_____ Postal Code
_____ Email Address	_____ Phone Number	

If the individual who is UNDER the age of 18 or has a guardian for purposes of this Event Injury Waiver, Parent/Guardian must sign above AND complete the following:

I am the parent/guardian of the individual listed below who is under the age of majority for signing this Event Injury Waiver or who has a guardian responsible for this Event Injury Waiver. I have full authority to sign this Event Injury Waiver, which I have read and approve. No other signatures are required.

Parent/Guardian of: _____

_____ Parent/Guardian Signature	_____ Print Parent/Guardian Name	_____ Date & Phone Number
_____ Email Address	_____ Phone Number	