

ONTARIO OPEN 5 PIN CHAMPIONSHIPS

BOWLER'S QUESTIONNAIRE

PLEASE NOTE: FAILURE TO COMPLETE THIS QUESTIONNAIRE IN FULL COULD RESULT IN YOUR SUSPENSION FROM COMPETITION. IF YOU HAVE CHANGED YOUR NAME IN THE LAST YEAR PLEASE INDICATE YOUR MAIDEN NAME IN BRACKETS BESIDE YOUR NAME. EXAMPLE: BRENDA WALTERS (CAMPBELL) THIS INFORMATION IS EXTREMELY IMPORTANT IN ORDER FOR THE PROVINCIAL OFFICE TO MAINTAIN ACCURATE RECORDS FOR THE NUMBER OF YEARS YOU HAVE QUALIFIED FOR THE ONTARIO OPEN.

Zone Association You Are Representing: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone – Home: { } _____ Business: { } _____

E-Mail Address: _____

O5PBA Membership Number: _____

BOWLING STATISTICS

Please Indicate: Right-handed { } Left-handed { }

Number of Years Bowling: _____ Current Average: _____

Match Play Experience: Yes { } No { }

High Games: Single _____ Triple _____ Five _____ Ten _____

Line-Up Preference: _____ Number of Steps in Approach: _____

OPEN EXPERIENCE

Number of Years on a Team: _____ Number of Years as a Singles Rep: _____

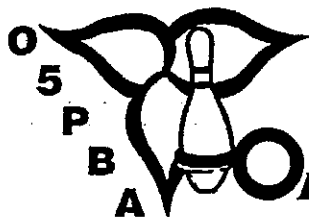
Highest Team Finish: _____ Highest Singles Finish: _____

Number of Years in the Masters: _____

Are you currently a Master? Yes { } No { }

If so, please indicate division below:

Tournament Division { } Teaching Division { } Senior Division { }



Ontario 5 Pin Bowlers' Association

ACKNOWLEDGEMENT OF DRESS CODE FORM ONTARIO OPEN 5 PIN CHAMPIONSHIPS

Zone Association You Are Representing: _____

Name: _____

The dress code for the Provincial Championships of the Ontario Open 5 Pin Championships is as follows:

No restriction shall be placed on the type of apparel except each team (Men's, Ladies' or Mixed) must be dressed uniformly. Bowling shirts or blouses to be the same design in registered Zone Association colours with the name of the bowler or coach, and Zone identified on the shirt. **All coaches must be identified by silk screening or embroidery crest on their shirt or with a proper commercially made identification badge.** Dress slacks and skirts shall be the same colour and design with a straight hemmed bottom (no fluorescent colours, denim, shorts, spandex, leggings, harem, stirrups, sweatpants, cargo pants or warm-up pants of any kind). Cotton pants will be permitted provided they are not faded, have no rips, tears or studs on them and have no slits up the side of them. No pants/slacks with external pockets on the sides will be accepted. No hats, caps or headgear will be allowed in the bowlers' enclosure, unless worn for medical or religious reasons.

Any bowler or coach not conforming to the dress code may not be permitted to compete in the event as determined by the Ontario 5 Pin Bowlers' Association Tournament Committee. **A fine of fifty dollars (\$50.00) per day will be levied against each BOWLER and COACH not conforming to the dress code.**

PLEASE NOTE: THIS ALSO APPLIES TO THE VICTORY BANQUET!!!!

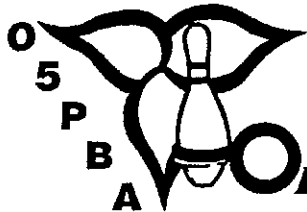
I also agree to allow the O5PBA to use my likeness and my personal bowling statistics for the promotion of the sport of 5 pin bowling in connection with this complete event.

This is to certify that I have read, fully understand, and agree to abide by the terms as outlined above.

SIGNATURE OF PARTICIPANT

DATE

FAILURE TO SIGN THIS FORM WILL RESULT IN NOT BEING PERMITTED TO COMPETE IN THE EVENT.



Ontario 5 Pin Bowlers' Association

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

For Participants Over the Age of Majority in the Province or Territory in which the Athletic Activities are Provided by the Organization

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!

Every Person MUST Read and Understand this Waiver Before Participating in Athletic Activities

The following waiver of all claims, release from all liability, assumption of all risks and other terms of this agreement are entered into by me (the "Participant") with and for the benefit of the Ontario Five Pin Bowlers Association, its directors, officers, employees, volunteers, coaches, officials, business operators, agents and site property owners or Occupiers (the "Organization"). Occupiers is defined in accordance with the definition of Occupiers contained in the Occupiers Liability legislation applicable to the Province or Territory in which the Athletic Activities are provided by the Organization.

1. "Athletic Activities" includes but is not limited to contact and non-contact sports, fitness activities, personal training instruction and activities, use of facilities, and fitness programs and services provided to the Participant by the Organization.
2. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware that those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Organization, and health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness, and nausea. I understand the Risks are relative to my own state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which I conduct myself while participating in Athletic Activities.
3. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in Athletic Activities. I agree that although the Organization has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Organization to make the Athletic Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me in my participation in Athletic Activities.
4. I acknowledge my obligation to immediately inform the nearest employee or others of the Organization if I feel any pain, discomfort, fatigue or other symptoms that I may suffer during and immediately after my participation in Athletic Activities. I understand I may stop participation at any time, and I may be requested to stop by an employee or others of the Organization who observes any symptoms of distress or abnormal response.
5. I confirm that I have reached the age of majority in the province or territory in which I am participating in Athletic Activities.
6. In addition to consideration given to the Organization for my participation in Athletic Activities, I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives"), agree:
 - a. to waive all claims that I have or may have in the future against the Organization;
 - b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage, or loss resulting from my participation in the Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and
 - c. to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in Athletic Activities.
7. I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province or Territory of Canada in which the Athletics Activities are provided to me by the Organization. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory. Any litigation to enforce this waiver must be instituted in the Province or Territory in which the Athletic Activities are provided by the Organization.
8. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself and my Legal Representatives.

Please initial the box after reading and understanding the above statements and conditions.

Please Print Clearly

Participant Name	Participant Address	Participant Signature
Organization Witness Name	Organization Witness Signature	
Signed this day of , 20		