

2015 ONTARIO MASTERS OPEN
WEIGHTLIFTING CHAMPIONSHIPS

(Please Print)

Name: _____

Address: _____

Club representing: _____

Date of birth: MONTH: _____ / DAY: _____ / YEAR: _____

Gender: MALE / FEMALE: _____

Weight class entering: _____ KG

Membership card number: _____

Coach: _____

Phone: _____

Email: _____

Payment:

Cheque payable to Daniel Paré, 203 Highview Drive, St. Thomas Ontario, Canada, N5R 5H6.

WAIVER:

I understand that my participation to the 2015 Ontario Masters Open Weightlifting Championships is undertaken by me and is at my own risk and that St. Thomas Strength Athletics shall not be liable to me for any claims, injuries, actions, loss, loss of action, whatsoever, to my person or property and also release this facility from any discharge from all claims, injuries, damages, actions, or causes of action, and from all act of negligence, passive or active, on the part of St. Thomas Strength Athletics, its servants, agents or employees.

Signature: _____ Date: _____