

2025 GROWTHPOINT IPT SQUASH TOURNAMENT

Being held from FRIDAY 6TH JULY TO 11TH JULY 2025 organised under the auspices of Squash South Africa and Eastern Province Squash Union hosted in Gqeberha (Port Elizabeth)

I, Squash SA No () representing Province agree not to hold Squash SA, the Organising Committee, the national, regional or local government, any sponsor, venue owner, accommodation provider, transport operator, official, volunteer or any person assisting in the organisation liable for any claims, injury or illness, or for any damage to my property or loss of my property which I may suffer directly or indirectly as a result of travelling to and from and participating in the 2025 Growthpoint IPT Squash Tournament (from the time of departure from my point of origin until the time of return to my point of origin). I am aware that neither Squash SA nor the Organising Committee provides travel, health, or risk insurance for me and that I or my province should arrange my insurance.

I participate willingly in this event, and should there be any mishap or occurrence giving rise to injury or sickness, I take full responsibility. I confirm that I am fit to participate in this event and do not know of any medical or other reason why I should not participate. I understand the health and safety risks of COVID-19 and I accept these of my own free will.

I agree to abide by all rules and regulations of Squash SA and the tournament and any rules and regulations promulgated by the Organising Committee. I also understand that Squash SA or the Organising Committee and/or their representatives have the right to suspend and/or expel me from the event if I act in contravention of the rules and regulations or if my continued participation may endanger the health or welfare of myself or any other person involved. **I acknowledge that should I cause any damage to any property whatsoever that I will be required to pay for making it good and for any other associated costs and that I may be subject to further disciplinary procedures and sanctions.**

I understand that COVID-19 and/or anti-doping control tests may be requested at any time before my arrival till departure and agree to submit to all COVID-19 and/or anti-doping control tests that will be conducted. I accept that Squash SA may publicly disclose my identity if I have been deemed to have committed an Anti-Doping Rule Violation.

I undertake not to take part in any illegal betting or match fixing and accept that if I do, I will be subject to disciplinary procedures.

I release and give up all claims and rights which I may have against Squash SA and the Organising Committee resulting from the use of my name, biographical information and the use or publication of my photographic image in any publicity associated with this event or the development of teaching materials for coaching and training of officials.

I understand that I may be required to release some personal data (full name, ID number, date of birth etc.) only for the purposes of entry to the event which shall be deleted by the Organising Committee once the event is finished.

I will comply with WSF rules requiring protective eyewear for all players participating in Doubles and for any u19 player.

I understand that I have the right to seek legal advice and have done so or have waived such right before signing this document.

I am 18 years or older, or if under 18, this is signed by my guardian. I have read this document, and I/my guardian am/are signing it freely. I/we agree that if any portion is held invalid or unenforceable, I/we will continue to be bound by the remaining terms.

As I am under 18 years of age my parent/legal guardian, name (please print): _____ will sign on my behalf.

Signature: _____

Date: _____

Province: _____

Athlete/official: _____

OR

Name (please print): _____

Signature: _____

Date: _____