



BC Horseshoe Association Waiver Form

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE IN THE EVENT OF INJURY PLEASE READ CAREFULLY

TO: BC Horseshoe Association, including its member clubs and members ASSUMPTION OF RISKS

I am aware that participating in any BC Horseshoe Association tournaments, promotional events and activities involves Many risks, dangers and hazards including, but not limited to: Serious or catastrophic injury, paralysis and death; impact and collision with other players or officials; playing with or without non-certified officials; impact with objects or equipment used in connection with horseshoe pitching including but not limited to, horseshoes, pickup sticks, pins and courts and NEGLIGENCE ON THE PART OF THE BC HORSESHOE ASSOCIATION OR ITS MEMBER CLUBS AND MEMBERS ,INCLUDING THE FAILURE ON THE PART OF BC HORSESHOE ASSOCIATION OR ITS MEMBER CLUBS AND MEMBERS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE. I am also aware that the risks, dangers and hazards referred to above exist within a variety of facilities operated by member clubs , including but not limited to: roadways, parking areas, shower rooms, hallways, stairs, change rooms, meeting rooms, eating areas, banquet rooms, horseshoe courts, club houses and other facilities.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY PARTICIPATING IN ANY BC HORSESHOE ASSOCIATION ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM. I am also aware that the BC HORSESHOE ASSOCIATION does not carry accident or medical or dental insurance on my behalf.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of the allowing me to participating in any BC HORSESHOE ASSOCIATION tournament, or promotional Activities and permitting my use of its equipment, structures and other facilities and for good and valuable Consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against , BC HORSESHOE ASSOCIATION , its , Directors, officers, member clubs and representatives, (all of whom are hereinafter collectively referred to as "THE RELEASEES") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, resulting from my participating in any BC HORSESHOE ASSOCIATION, or member club activities DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM

Name _____ Date _____

Signature _____



BC HORSESHOE ASSOCIATION MEDICAL EXEMPTION REQUEST FORM

The official rules of horseshoe pitching states that All Open Men must observe the 37ft foul lines. Physically impaired males in this category may be given permission by the governing BCHA officials to move onto the extended platforms and observe the 27 ft foul lines. This form has been adopted by BCHA as the official form to request to move up to the extended platform. The form must be completed by a physician and then filed with BCHA for approval . Officials at BCHA will then vote on the request and if 2/3 vote in favor the request will be granted.

Part I.

Dear Doctor ;

As you may know horseshoe pitching is a nationally organized sporting event with official set of rules. _____, a patient of yours has requested a medical exemption based on a medical reason to move up and pitch from a closer distance. If granted permission it would allow the player to pitch from a shorter distance before the mandatory age of 65.

We need this additional information and your professional opinion before we can act upon this request. Please return this completed form for your patient to file with our association.

- What is the name of this medical condition? _____
- What area(s) of the body are affected? _____
- For how long has this condition existed? _____
- For how long have you treated the patient for this condition? _____
- Do you consider this condition to be permanent? _____
- Have other treatments been recommended by you? _____
- Has this patient discussed with you the possibility of a medical exemption, which would allow them to pitch horseshoes from a shorter distance? _____

Here is some additional information that may be helpful to your better understanding of how the physical requirements of horseshoe pitching could be affected by this exemption:

The **amount of walking** may remain about the same but **could be greater** since shorter distance pitchers may be required to return to the area of the stake while their opponent pitches.

- The **amount of bending, stooping , etc** required for the retrieval and measurement of shoes, should remain the same.

- The amount of **physical force required** to pitch the horseshoe a shorter distance **will be less.**

- **Note:** A horseshoe weighs about 2 ½ pounds and is pitched underhanded, as in softball.

BC HORSESHOE ASSOCIATION MEDICAL EXEMPTION REQUEST FORM

In your professional opinion, will pitching a 2 ½ pound horseshoe from a distance of 37 feet more seriously aggravate this pitcher's medical condition than pitching from a distance of 27 ft? _____

In your professional opinion, does this medical condition significantly limit this pitcher's ability to pitch from a distance of 37 ft? _____

If this medical exemption is not granted, will you recommend that this patient give up horseshoe pitching as an activity? _____

Other comments:

Signature of Physician _____ Date _____

Part II I hereby give permission for my medical doctor to release to the BCHA Executive Council , any medical information about my health condition as it may relate to this exemption request.

Signature of applicant _____

Address _____

Phone number _____ BCHA card number _____