



ONTARIO VOLLEYBALL ASSOCIATION - PARTICIPATION AGREEMENT
(For those under 18 years)



By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Ontario Volleyball Association (“OVA”) and the Athlete Development Program, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the OVA and the Athlete Development Program.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the Athlete Development Program and the sport of volleyball. The risks and hazards include, but are not limited to injuries from:
 - a) Executing strenuous and demanding physical techniques;
 - b) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - c) Exerting and stretching various muscle groups;
 - d) Dryland training;
 - e) Grass, turf, track, gym and other surfaces including bruises, broken bones, sprains, infections and rashes;
 - f) Falls due to uneven or irregular terrain or surfaces;
 - g) Bruises, cuts, breaks dislocations and scrapes resulting from falling or colliding with the wall, stands, equipment or with other participants;
 - h) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - i) Extreme weather conditions which may result in heatstroke or sunstroke;
 - j) Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - k) Travel to and from competitive events and associated non-competitive events which are an integral part of the activities.
4. Furthermore, I am aware that my child/ward:
 - a. Can sustain serious and severe injuries;
 - b. May come into close contact with other participants including the possibility of accidental and unexpected contact;
 - c. Risk of injury is reduced if he/she follows all rules established for participation; and
 - d. Risk of injury increases as he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I **release** the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward’s participation. I understand “Organizers” to collectively mean: the Ontario Volleyball Association, their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

 Printed Name of Participant

 Signature of Participant

 Date

 Printed Name of Parent or Guardian

 Signature of Parent or Guardian

 Date



CONSENT FOR MEDICAL TREATMENT
(For those under 18 years)



I, _____ (*name of participant or parent/guardian*), on behalf of
_____ (*name of child/ward*), give permission to the officials and coaches of the Ontario Volleyball Association and the Athlete Development Program to make decisions concerning my child's/ward's medical care and treatment, and where necessary to authorize such care and treatment.

I understand that the officials and coaches of the Ontario Volleyball Association and the Athlete Development Program will make every reasonable effort, in the circumstances, to contact _____ (*Contact*) at _____ (*telephone*) regarding my or my child's/ward's medical status in the event medical care or treatment is required. In the event that _____ (*Contact*) cannot be reached, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment to my child/ward.

By checking here and signing below, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of the Ontario Volleyball Association and the Athlete Development Program.

_____ *I have read and agree to be bound by the section on Consent for Medical Treatment.*

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my child's/ward's acceptance into the OVA Athlete Development Program, I, the parent/guardian, agree as follows:

1. I have reviewed the Consent for Medical Treatment and my signature affixed indicates my agreement with such consent for medical treatment.
2. That my child/ward will abide by the OVA Athlete Development Program Code of Conduct which I have reviewed.
3. That any personal equipment is appropriate and functioning properly.
4. I accept sole responsibility for my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling.

I acknowledge that I am the parent or legal guardian of the athlete being registered and I have read the acceptance of terms and conditions in its entirety and that I have executed this acceptance of terms and conditions voluntarily.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date