



WAIVER AND PARTICIPATION AGREEMENT for ATHLETES & GUARDIANS
2019-2020 Junior Slams Series Events

Participant's Name (First & Last): _____ Phone: _____

Team Name: _____ Email: _____

PARTICIPATION AGREEMENT

In consideration of the Junior Slam Series accepting my application to participate in an event, I hereby agree with the following:

- 1. I acknowledge that I have reviewed Junior Slam Series Competition Guidelines, including the Concussion Guidelines and Return to Play Policy and Anti-Bullying Policy.
2. I acknowledge that all events in the Junior Slam Series adhere to rules pertaining to equipment standards and sweeping.
3. I have reviewed the Event kit containing rules specific to the Slam(s) I am participating in,
4. I hereby agree to comply with all provisions of the Junior Slam Series Competition Guidelines and in addition I agree (a) to conduct myself honourably and ethically, in a manner consistent with the Spirit of Curling & (b) I understand that Junior Slam Series' anti-bullying policy is an intrinsic part of my participation in this event and I agree to abide by that policy.

GRANT OF PERMISSION FOR USE OF PHOTOGRAPHS, OR OTHER RECORDING MEDIUM, IMAGES AND AUDIO:

- 5. I hereby grant permission to the Junior Slam Series and its employees and agents to take and use photographs, film, digital video or other recording medium and visual/audio images of myself or my child for any legal purpose.
6. I waive my and my child's rights to inspect or approve finished images or electronic matter prior to publication.
7. I consent to the Junior Slam Series exhibiting, publishing, and broadcasting my name or any photographs, video footage, films, or any other likenesses of me or any sound recordings of my voice in any promotion, reports, or advertising about or in connection with the Junior Slam Series or the event including: the Junior Slam Series website, its Facebook, Twitter, Instagram, YouTube Channel or other social media accounts.
8. I hereby waive the right to any payments or royalties in connection with sub paragraphs 5, 6 and 7 above and in connection with any exhibition, publication or broadcast described in 7 regardless of whether such exhibition, publication or broadcast is on a commercial basis and regardless of whether a fee or rental is charged or paid to anyone in connection with such exhibition, publication or broadcast.
9. For the purpose of promoting the sport of curling during any telecast relating to the event, I consent to: being interviewed at the event, and (b) wearing, upon the request of the Junior Slam Series, a portable microphone during competition.

ASSUMPTION OF RISK

- 10. I am aware that there are risks, dangers and hazards inherent in the sport of curling, and in my preparation for, travel to or from, and participation in any curling related activity which is organized or operated by the Junior Slam Series.
11. I also understand that injuries sustained in curling or competition can be severe and even fatal.
12. No person has attempted to unduly influence my signing of this agreement.

THIS AGREEMENT MUST BE SIGNED BY THE PARENT OR GUARDIAN OF ANY PARTICIPANT UNDER THE LEGAL AGE OF MAJORITY.

For good and valuable consideration, undersigned parent/guardian of the above-noted participant, agrees to indemnify Junior Slam Series, its employees, agents and local organizers from any claims or demands which might be made against the Junior Slam Series, its employees, and local organizers arising out of or in consequence of the attendance or participation by the above-noted participant in the event. I have duly executed this agreement as attested by my signature below.

Athlete

Parent/Guardian 1

Date

Date



CONCUSSION CODE OF CONDUCT for ATHLETES & GUARDIANS
2019-2020 Junior Slams Series Events

I WILL HELP PREVENT CONCUSSIONS BY:

- Wearing the proper equipment for my sport and wearing it correctly.
• Developing my skills and strength so that I can participate to the best of my ability.
• Respecting the rules of the Junior Slam Series.
• My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).
• I understand that a concussion prevents me from training, practice and competition (collectively referred to as 'sport').

I WILL CARE FOR MY HEALTH AND SAFETY BY TAKING CONCUSSIONS SERIOUSLY, AND I UNDERSTAND THAT:

- A concussion is a brain injury that can have both short- and long-term effects.
• A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
• I do not need to lose consciousness to have had a concussion.
• I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to the Event Convenor if I suspect that another individual may have a concussion.
• Continuing to participate in activities with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I WILL NOT HIDE CONCUSSION SYMPTOMS. I WILL SPEAK UP FOR MYSELF AND OTHERS.

- I will not hide my symptoms. I will tell a coach and the Event Convenor if I experience any symptoms of concussion.
• If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell the Event Convenor so they can help.
• I understand that if I have a suspected concussion, I will be removed from sport and will not be able to return until I undergo a medical assessment and have been cleared to return to sport by a medical doctor or nurse practitioner.
• I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other organization with which I am registered.

I WILL TAKE THE TIME I NEED TO RECOVER, BECAUSE IT IS IMPORTANT FOR MY HEALTH.

- I commit to supporting the return-to-sport process & will have the Junior Slam Series' Return-to-Sport Protocol.
• I understand that to return to sport I will have to be medically cleared by a medical doctor or nurse practitioner.
• I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed the training materials within the past 12 months and commit to this Concussion Code of Conduct. (All Parents/Guardians must sign for Athlete's under the age of 18)

Athlete

Parent/Guardian 1

Parent/Guardian 2

Date

Date

Date