



# WAIVER AND PARTICIPATION AGREEMENT for ATHLETES & GUARDIANS 2020-2021 Junior Slams Series Events

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Email: \_\_\_\_\_

### INTERPRETATION

**Organizing Body** includes the Junior Slam Series, and any other organizing body requiring the use of this waiver and participation agreement for their event.

### PARTICIPATION AGREEMENT

In consideration of the Organizing Body accepting my application to participate in an event, I hereby agree to the following:

1. I acknowledge that I have reviewed the **Junior Slam Series' Competition Guidelines**, or if indicated, the event specific guidelines, including the **Concussion Guidelines and Return to Play Policy** and the **Junior Slam Series' Anti-Bullying Policy**.
2. I acknowledge that all events requiring the use of this waiver and participation agreement require adherence to rules pertaining to equipment standards and sweeping, unless otherwise noted.
3. I hereby agree to comply with all provisions of the Junior Slam Series' Competition Guidelines, or if indicated, the event specific guidelines.
4. I hereby agree to comply with all provisions of the Junior Slam Series' COVID-19 return to play protocols, or if indicated, the event specific protocols.
5. I agree to conduct myself honourably and ethically, in a manner consistent with the Spirit of Curling, and 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:

6. I hereby grant permission to the Organizing Body, and its employees and agents, to take and use photographs, film, digital video or other recording medium and visual/audio images of myself and/or my child for any legal purpose. Visual/audio images encompass any type of recording, including but not limited to photographs, digital images, voices, sounds, video recordings, audio clips, and accompanying written descriptions.
7. I waive my child's and my rights to inspect or approve finished visual/audio images or electronic matter prior to publication.
8. I consent to the Organizing Body 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 to any event requiring the use of this waiver and participation agreement including: the events' and/or Organizing Bodies' website, its Facebook, Twitter, Instagram, YouTube Channel or other social media accounts.
9. I hereby waive the right to any payments or royalties in connection with sub paragraphs 6, 7 and 8 above and in connection with any exhibition, publication or broadcast described in 8 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.
10. For the purpose of promoting the sport of curling during any telecast relating to the event, I consent to: (a) being interviewed at the event, and (b) wearing, upon the request of the Organizing Body, a portable microphone during competition.

### ASSUMPTION OF RISK

11. 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 or which requires the use of this waiver and participation agreement. The risks, dangers and hazards include, but are not limited to: injuries from vigorous exertion and strenuous cardiovascular workouts, injuries resulting from slips or falls to the ground, injuries from being struck or colliding with other participants, risks associated with travel to and from competition locations, and additional risks associated with non-competitive activities which are an integral part of competitive events.
12. I also understand that injuries sustained in curling or competition can be severe and even fatal. I agree to participate in the sport of curling and acknowledge the associated risks involved in my participation and willingly assume those risks.
13. No person has attempted to unduly influence my signing of this agreement. I have signed this agreement on my own after careful consideration of all the provisions.

### 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 the Organizing Body, its employees, agents and local organizers from any claims or demands which might be made against the Organizing Body, 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

**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**, and other event specific rules as provided by the Organizing Body.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).
- I understand that, in Ontario, a concussion prevents me from training, practice and competition (collectively referred to as 'sport'). I also understand that outside of Ontario, it is recommended I abstain from sport if suffering from a concussion.

**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 or Organizing Body** 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 or Organizing Body** 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 or Organizing Body** so they can help.
- I understand that if I have a suspected concussion in Ontario, 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 also understand that outside of Ontario, it is recommended I remove myself from sport and do not return until I undergo a medical assessment and am cleared to return to sport by a medical doctor or nurse practitioner.
- In Ontario, I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the my school and any other organization with which I am registered. It is recommended that outside of Ontario, I share 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 follow the Return-to-Sport Protocol, except in cases where this protocol is explicitly not required.
- I understand that, in Ontario, I will have to be medically cleared by a medical doctor or nurse practitioner to return to sport. I also understand that outside of Ontario it is recommended that I be medically cleared by a medical doctor or nurse practitioner to return to sport.
- 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