

Coach/Trainer

WAIVER AND PARTICIPATION AGREEMENT for COACHES Junior Slams Series Events

	Full Name:	Phone:		
	Team Name:	Email:		
INT	NTERPRETATION			
	rganizing Body includes the Junior Slam Series, and any other organizing body	requiring the use of this waiver and participation agreem	nent for their	
eve	vent.			
PAI	ARTICIPATION AGREEMENT			
	consideration of the Organizing Body accepting my application to participate in			
1.	I acknowledge that I have reviewed the Junior Slam Series' Competition G		icluding the	
_	Concussion Guidelines and Return to Play Policy and the Junior Slam Se			
2.	I acknowledge that all events requiring the use of this waiver and participation standards and sweeping, unless otherwise noted.	on agreement require adherence to rules pertaining to equ	uipment	
	, 5			
5.	, , ,		n Series' Anti	
	Bullying Policy is an intrinsic part of my participation in this event and I agre			
	RANT OF PERMISSION FOR USE OF PHOTOGRAPHS, OR OTHER RECO		1.	
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			
	medium and visual/audio images of myseir 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 consent to the Organizing Body exhibiting, publishing, and broadcasting my	• • • • • • • • • • • • • • • • • • • •	ther likenesses	
	of me or any sound recordings of my voice in any promotion, reports, or adver			
	waiver and participation agreement including: the events' and/or Organizing	$Bodies'\ website,\ its\ Facebook,\ Twitter,\ Instagram,\ You\ Tube$	Channel or	
	other social media accounts.			
9.	I hereby waive the right to any payments or royalties in connection with sub p			
	publication or broadcast described in 8 regardless of whether such exhibition whether a fee or rental is charged or paid to anyone in connection with such e	·	gardless of	
10	O. For the purpose of promoting the sport of curling during any telecast relating	•	ent and (h)	
10.	wearing, upon the request of the Organizing Body, a portable microphone du		int, and (b)	
AS:	SSUMPTION OF RISK	3		
11.	1. I am aware that there are risks, dangers and hazards inherent in the sport of c	curling, and in my preparation for, travel to or from, and pa	articipation in	
	any curling related activity which is organized or operated by the Junior Slam			
	agreement. The risks, dangers and hazards include, but are not limited to: inj	uries from vigorous exertion and strenuous cardiovascula	r workouts,	
	injuries resulting from slips or falls to the ground, injuries from being struck			
10	from competition locations, and additional risks associated with non-competi			
12.	I also understand that injuries sustained in curling or competition can be sev acknowledge the associated risks involved in my participation and willingly as		fling and	
13	3. No person has attempted to unduly influence my signing of this agreement. I		sideration of	
13.	all the provisions. THIS AGREEMENT MUST BE SIGNED BY THE COACH ACCOMI	• •	naeration of	
For	or good and valuable consideration, undersigned, agrees to indemnify Ju	unior Slam Series, its employees, agents and local o	rganizers	
fror	om any claims or demands which might be made against the Junior Slar	m Series, its employees, and local organizers arising	out of or in	
	onsequence of the attendance or participation by the above-noted partici			
	ttested by my signature below.	,,,,,,		
	, , ,			

Date



CONCUSSION CODE OF CONDUCT for COACHES & OFFICIALS

Junior Slams Series Events

I CAN HELP PREVENT CONCUSSIONS THROUGH MY:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of the **Junior Slam Series** and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair).
- I understand that a concussion prevents athletes from training, practice and competition (collectively referred to as 'sport').

I WILL CARE FOR THE HEALTH AND SAFETY OF ALL PARTICIPANTS BY TAKING CONCUSSIONS SERIOUSLY. I UNDERSTAND THAT:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in <u>sport</u> immediately.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to the **Event Convenor** when an individual suspects that another individual may have sustained a concussion.
- Continuing to participate in <u>sport</u> with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I WILL CREATE AN ENVIRONMENT WHERE PARTICIPANTS FEEL SAFE AND COMFORTABLE SPEAKING UP. I WILL:

- Encourage athletes not to hide their symptoms, but to tell me, and the **Event Convenor** if they experience any symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, and the Event Convenor and seek medical attention by a physician or nurse practitioner if I
 am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from <u>sport</u> and not permitted to return until they have been medically cleared by a physician or nurse practitioner.
- As a coaches, I commit to providing opportunities before and after each <u>sport</u> to enable athletes to discuss potential issues related to concussions.

I WILL SUPPORT ALL PARTICIPANTS TO TAKE THE TIME THEY NEED TO RECOVER.

- I understand my commitment to supporting the return-to-sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

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.

Coach/Trainer	Official
 Date	 Date