

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

(FOR THOSE 18 YEARS OF AGE AND OLDER)



WARNING! By executing this document, you will waive certain legal rights, including the right to sue. Please read carefully.

1. This is a binding legal agreement. As a Participant in the sport of volleyball and the programs, activities and events of the OVA, the undersigned acknowledges and agrees to the following terms:

Disclaimer

2. The OVA and its directors, officers, committee members, members, employees, volunteers, participants, agents, and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

I have read and agree to be bound by paragraphs 1 and 2.

Description of Risks

3. I am participating voluntarily in the sport of volleyball and the activities, events, and programs of the Organization. In consideration of my participation in the sport of volleyball and the programs, activities, and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of volleyball and any such programs, activities and events of the Organization including injuries which can be **severe and even fatal**. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Exerting and stretching various muscle groups, strenuous cardiovascular workouts, and heatstroke;
- b) Vigorous physical exertion, rapid movements and quick turns and stops;
- c) Falling, tumbling, or hitting other participants;
- d) Falling to the ground or floor due to uneven, slippery, or irregular surfaces;
- e) Contact, colliding or being struck by the volleyball, net, poles, other individuals, equipment, walls, stands, or benches;
- f) Failing to play within one's abilities and within designated areas;
- g) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- h) Animal attacks; including but not limited to, dogs;
- i) Extreme weather conditions which may result in heatstroke, sunstroke, or lightning strikes;
- j) Spinal cord injuries which may render me permanently paralyzed; or
- k) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.

4. Furthermore, I am aware:

- a) That injuries sustained can be severe;
- b) That I may experience anxiety while challenging myself during the activities, events, and programs;
- c) That my risk of injury is reduced if I follow all rules established for participation; and
- d) That my risk of injury increases as I become fatigued.

I have read and agree to be bound by paragraphs 3 and 4.

Release of Liability

5. In consideration of the Organization allowing me to participate in the sport of volleyball and the programs, activities, and events of the Organization, I agree:

- a) That my physical condition has been verified to participant in the activities, events, and programs by a medical doctor within the past twelve months;
- b) To assume all risks arising out of, associated with or related to my participation;
- c) To waive any and all claims that I may have now or in the future against the Organization;
- d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the sport of volleyball and the activities, events and programs of the Organization; and
- e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

I have read and agree to be bound by paragraph 5.

6. I have completed the required Respect in Sport Parent Module and provided my certificate number to my child's Club Contact. Complete your online module here: <https://ontvolleyballparent.respectgroupinc.com/start.jsp>

Certificate # _____ Date completed _____

Acknowledgement

By printing in your name and the date below and signing this document, you agree to execute this agreement voluntarily and to be bound by this Legal Agreement, and this Agreement is binding upon yourself, your heirs, executors, administrators, and representatives even if you have not read the Agreement.

Name of Participant: _____
(Please Print)

Signature: _____

Date: _____

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

(FOR THOSE 17 YEARS OF AGE AND YOUNGER)



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Disclaimer

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I have read and agree to be bound by paragraphs 1 and 2.

Description of Risks

3. I am participating voluntarily in the sport of volleyball and the activities, events, and programs of the Organization. In consideration of my participation in the programs, activities, and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of volleyball and any such programs, activities and events of the Organization and may be exposed to such risks, dangers and hazards which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Exerting and stretching various muscle groups and strenuous cardiovascular workouts;
- b) Vigorous physical exertion, rapid movements and quick turns and stops;
- c) Falling, tumbling, or hitting other participants;
- d) Falling to the ground or sand due to uneven, slippery, or irregular terrain or surfaces;
- e) Contact, colliding or being struck by the volleyball, net, poles, other individuals, equipment, walls, stands, or benches;
- f) Failing to play within one's abilities and within designated areas;
- g) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- h) Animal attacks; including but not limited to, dogs;
- i) Extreme weather conditions which may result in heatstroke, sunstroke, or lightning strikes;
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- b) To assume all risks arising out of, associated with or related to my participation;
- c) To waive any and all claims that I may have now or in the future against the Organization;
- d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense, and related loss, including loss of income, resulting from my participation in the sport of volleyball and the activities, events, and programs of the Organization; and
- e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

I have read and agree to be bound by paragraph 5.

6. I have completed the required Respect in Sport Parent Module and provided my certificate number to my child's Club Contact. Complete your online module here: <https://ontvolleyballparent.respectgroupinc.com/start.jsp>

Certificate # _____ Date completed _____

Acknowledgement

By printing in your name, writing the date below and signing this document, you and your child/ward agree to execute this agreement voluntarily and to be bound by this Legal Agreement, and this Agreement is binding upon yourself, your child/ward, your heirs, executors, administrators, and representatives even if you have not read the Agreement.

Name of Participant: _____
(Please Print)

Parent or Guardian's Name: _____
(Please Print)

Parent or Guardian's Signature: _____

Date:

ONTARIO VOLLEYBALL ASSOCIATION

TERMS AND CONDITIONS

Consent for Use of Personal Information and Photo Release

1. I, the Participant, authorize the Ontario Volleyball Association and Volleyball Canada to collect and use personal information about me for the purpose of registration and providing volleyball services, registration with Volleyball Canada, receiving communications from the Ontario Volleyball Association and Volleyball Canada with regard to programs, events, promotions and sponsorships, and posting articles of interest, newsletters, promotions, rosters, statistics, images and results on the Ontario Volleyball Association and Volleyball Canada website.

2. Furthermore, I, the Participant, grant permission to the Ontario Volleyball Association and Volleyball Canada to photograph and/or record my image and/or voice, to use this material to promote the Ontario Volleyball Association and Volleyball Canada through all forms of media.

3. I understand that I may withdraw such consent at any time by contacting the Ontario Volleyball Association's Privacy Officer (privacy@ontariovolleyball.org). The Privacy Officer will advise the implications of such withdrawal.

We do not sell or distribute your personal information to any other third party not listed herein

Acknowledgement

4. In consideration of the acceptance of my participation in the programs, events, and activities of the Ontario Volleyball Association and Volleyball Canada, I the Participant agree as follows:

- a) To abide by the policies, rules and regulations of the Ontario Volleyball Association and Volleyball Canada.
- b) I accept sole responsibility for my personal possessions and athletic equipment.
- c) To uphold the high standards of the Ontario Volleyball Association and Volleyball Canada and will never do anything to damage their reputation.

5. I am aware of and agree to pay all of my child's Club fees for the season.

6. I acknowledge that I have read these Terms and Conditions in their entirety and that I have executed these Terms and Conditions voluntarily.

Name of Participant:

(Please Print)

Participant's Signature:

(If 18 years of age or older)

Name of Parent or Guardian:

(If Participant is under 18 years of age)

Parent or Guardian's Signature:

(If Participant is under 18 years of age)

Date:

WHAT IS A CONCUSSION?

A concussion is a brain injury that can't be seen on x-rays, CT or MRI scans. It affects the way an athlete thinks and can cause a variety of symptoms.

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include getting body-checked in hockey or hitting one's head on the floor in gym class.

WHEN SHOULD I SUSPECT A CONCUSSION?

A concussion should be suspected in any athlete who sustains a significant impact to the head, face, neck, or body and reports *ANY* symptoms or demonstrates *ANY* visual signs of a concussion. A concussion should also be suspected if an athlete reports *ANY* concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses an athlete exhibiting *ANY* of the visual signs of concussion. Some athletes will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury).

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

A person does not need to be knocked out (lose consciousness) to have had a concussion. Common symptoms include:

- ▶ Headaches or head pressure
- ▶ Dizziness
- ▶ Nausea and vomiting
- ▶ Blurred or fuzzy vision
- ▶ Sensitivity to light or sound
- ▶ Balance problems
- ▶ Feeling tired or having no energy
- ▶ Not thinking clearly
- ▶ Feeling slowed down
- ▶ Easily upset or angered
- ▶ Sadness
- ▶ Nervousness or anxiety
- ▶ Feeling more emotional
- ▶ Sleeping more or sleeping less
- ▶ Having a hard time falling asleep
- ▶ Difficulty working on a computer
- ▶ Difficulty reading
- ▶ Difficulty learning new information

WHAT ARE THE VISUAL SIGNS OF A CONCUSSION?

Visual signs of a concussion may include:

- ▶ Lying motionless on the playing surface
- ▶ Slow to get up after a direct or indirect hit to the head
- ▶ Disorientation or confusion or inability to respond appropriately to questions
- ▶ Blank or vacant stare
- ▶ Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- ▶ Facial injury after head trauma
- ▶ Clutching head

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If any athlete is suspected of sustaining a concussion during sports they should be immediately removed from play. Any athlete who is suspected of having sustained a concussion during sports must not be allowed to return to the same game or practice.

It is important that ALL athletes with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL athletes with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.

WHEN CAN THE ATHLETE RETURN TO SCHOOL AND SPORTS?

It is important that all athletes diagnosed with a concussion follow a step-wise return to school and sports-related activities that includes the following Return-to-School and Return-to-Sport Strategies. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the Return-to-Sport Strategy.

Return-to-School Strategy¹

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Sport-Specific Return-to-Sport Strategy¹

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	

HOW LONG WILL IT TAKE FOR THE ATHLETE TO RECOVER?

Most athletes who sustain a concussion will make a complete recovery within 1-2 weeks while most youth athletes will recover within 1-4 weeks. Approximately 15-30% of patients will experience persistent symptoms (>2 weeks for adults; >4 weeks for youth) that may require additional medical assessment and management.

¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847. <http://dx.doi.org/10.1136/bjsports-2017-097699>

HOW CAN I HELP PREVENT CONCUSSIONS AND THEIR CONSEQUENCES?

Concussion prevention, recognition and management require athletes to follow the rules and regulations of their sport, respect their opponents, avoid head contact, and report suspected concussions.

TO LEARN MORE ABOUT CONCUSSIONS PLEASE VISIT:

Parachute Canada: www.parachutecanada.org/concussion

SIGNATURES: The following signatures certify that the athlete and his/her parent or legal guardian have reviewed the above information related to concussion.

Printed name of athlete

Signature of athlete

Date

Printed name of parent

Signature of parent

Date