



## **Water Polo Canada's "Short Term Registrant" Acknowledgement of Risk and Consent Form**

### **Please read this document carefully**

This document must be signed before participating in any "Short Term Registrant" Activity organized by Water Polo Canada (WPC), WPC's Provincial/Territorial Sections or its registered water polo clubs.

### **Definitions**

1. **"Activity"** or **"Activities"** means any in-person or virtual activities such as events, training camps, programs, competitions, physical training performed or conducted in Water or outside Water, recognized, organized or sanctioned by WPC, WPC's Provincial/Territorial Sections or its registered Water polo clubs.
2. **"Injury or Health-related problem"** means any injury, health-related issue or illness including mental health issues diagnosed by a medical practitioner.
3. **"Minor"** means the minor participant identified in this document.
4. **"Organization"** means collectively, WPC, WPC's Provincial/Territorial Sections, its registered Water polo clubs and their respective coaches, directors, officers, committee members, members, employees, volunteers, participants, agents and representatives.
5. **"Provincial/Territorial Section" ("PTS ")** means those incorporated bodies, also called provincial or territorial sport organization (PTSOs) in other documents, responsible for the regulation of water polo within the province and for the governance of the province-wide development of water polo, provided that each province or territory shall only be entitled to be represented as one section, as may be determined by WPC board of directors.

Short-Term Registrants, individuals participating in attending a bring a friend/parent to practice activity, will be covered under WPC's insurance policy **once per season on a one-time basis**. They **CANNOT** compete in any level of competition. This is not inclusive of scrimmages.

Participation as a Short-Term Registrant in the sport of water polo and the Activities of the Organization is voluntarily. Awareness of and acceptance of the risks, dangers, and hazards inherent and associated with or related to the sport of water polo and any Activities of the Organization, including any Injury or Health-related problem, which can be severe and even fatal is vital.

In case of an Injury or Health-related Problem, necessary on-site medical assistance for the medical situation, including transportation by ambulance or by other means to a hospital will be provided.



Awareness, reviewal and compliance with the [policies](#) and standards of conduct set out by WPC and associated Provincial/Territorial Section is required to providing a safe, engaging, fun and inclusive environment.

WPC and WPC's Provincial and Territorial Sections may use your or the Minor's, name, likeness, photograph, image, sketch, voice, video-taped image and/or voice, radio broadcast voice, signature, endorsement and performance record (herein called "personal identifications") for promotional purposes, including the right to reproduce, use, alter, exhibit, display, broadcast, distribute and create derivative works of photograph or filmed images of me or my children, for use in connection with the Activities of WPC and WPC's Provincial and Territorial Sections for promoting and explaining its programs and events, without payment or any other consideration. These materials will become the property of WPC and WPC's Provincial and Territorial Sections and will not be returned.

Any information collected within this consent form constitutes personal information which will be communicated with WPC and WPC's Provincial and Territorial Sections. This personal information will only be used for the relevant purposes of providing and promoting services for and on behalf of WPC and WPC's Provincial and Territorial Sections.

### **Acknowledgement and Signature**

I have read this Agreement, and by signing it, I understand that it is binding upon myself, my heirs, executors, administrators, and representatives. If this Agreement is signed electronically, I, acknowledge and recognize that the electronic signature constitutes my official signature and that I am the person who completed this Agreement.

Name:

Date of Birth:

Email Address:

Printed name of parent or legal guardian (for Minor only):

Participant's or parent or legal guardian signature:

Signed at (City):

Date: