

Nova Scotia Disc Sports ("DiscNS") U19 Participation Agreement

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities, and events of Nova Scotia Disc Sports ("DiscNS"), Ultimate Canada, and their Affiliated Member Organizations and Clubs, herein referred to as the "Association".

I ASSURE TO YOU THAT:

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities, and events of the Association.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the programs, activities, and events of the Association and that these risks and hazards include, but are not limited to injuries from:
 - i. Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements, turns, and stops;
 - ii. Executing strenuous and demanding physical techniques;
 - iii. Exerting and stretching various muscle groups;
 - iv. Dry land training including weights, running and jumping, and massage;
 - v. Falling due to wet, uneven, or irregular terrain or surfaces;
 - vi. Failure of equipment or colliding with the walls, fences, stands, the ground, or with other participants;
 - vii. Extreme weather conditions which may result in heatstroke, sunstroke, dehydration, or hypothermia;
 - viii. Contact, colliding, falling or being struck by other participants, the ground, spectators, or equipment;
 - ix. Spinal cord injuries which may render me permanently paralyzed;
 - x. Travel to and from events.
4. Furthermore, I am aware that:
 - i. Injuries sustained to my child/ward can be severe;
 - ii. My child/ward may experience anxiety while challenging themselves during the programs, activities, and events;
 - iii. My child/ward may come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - iv. My child/ward's risk of injury is reduced if they follow all rules established for participation; and
 - v. My child/ward's risk of injury increases as they become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these programs, activities, and events
6. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these programs, activities, and events.
8. If something happens to my child/ward, I release, waive and forever discharge the Association from responsibility and liability for any claims, demands, actions, damages and costs which might arise out of my child/ward's participation. I understand the Association to mean: DiscNS, Ultimate Canada, and their respective directors, officers, committee members, members, employees, coaches, clubs, leagues, volunteers, officials, referees, participants, agents, owners/operators of facilities, and representatives.
9. I hereby give permission to the Association to copyright and/or publish any and all photographs, videotapes, audio recordings, and/or digital media in which I appear while attending any event or program of the Association. I also grant the Association permission to transfer, use or cause to be used, these photographs, videotapes, audio recordings, and/or digital media for promotional materials, publications, marketing materials, and advertising without limitation or reservation. I understand that there will be no compensation or remuneration.

ACKNOWLEDGEMENT

I acknowledge that I am the parent or legal guardian of the athlete being registered, that I have read and agree to be bound by all the terms of this Participation and Legal Agreement, and sign it freely and voluntarily without any inducement.

Participant Name (Print)

Participant Signature

Date Signed (DD/MM/YYYY)

Guardian Name (Print)

Guardian Signature

Date Signed (DD/MM/YYYY)

Emergency Contact Name (If Different than Guardian)

Emergency Contact Phone Number
For Time of Event