



Participant's Agreement for MINOR CHILD
to be signed by minor participant AND parent/guardian

Name of Participant: \_\_\_\_\_ Age (under 18) \_\_\_\_\_ CLUB: \_\_\_\_\_

ALL SPORTS, INCLUDING ARTISTIC SWIMMING, HAS ITS RISKS

I participate in the sport of Artistic Swimming because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to Artistic Swimming. The risks and hazards of Artistic Swimming include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in Artistic Swimming including boosts and lifts;
• Injuries from dryland training including weights, pilates, running, dance, bands, circus school and massage;
• Injuries from entering the water by either diving or jumping;
• Injuries from spending extended times in chlorinated water including bacterial infections and rashes;
• Injuries from collisions with the pool wall or pool bottom;
• Injuries from extended time underwater;
• Injuries from physical contact with other participants including spotters whose role is to enhance safety and learning;
• Injuries from strenuous cardiovascular workouts;
• Injuries from exerting and stretching various muscle groups; and
• Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in Artistic Swimming can be severe;
• That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
• That I may experience anxiety while challenging myself during the activities;
• That my risk of injury is reduced if I follow all rules adopted during training; and
• That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in Artistic Swimming as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Artistic Swimming, its directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

NOTE: IF NOT SUBMITTING ELECTIONIC ACCEPTANCE FORM PLEASE SIGN AND HAVE CLUB FORWARD ORIGINAL TO ONTARIO ARTISTIC SWIMMING

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Participant

Signature of Participant

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT
to be signed by the parent/guardian of a minor participant

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, give permission to the officials and coaches of Ontario Artistic Swimming to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand that the officials and coaches of Ontario Artistic Swimming will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises. In the event that I cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of Ontario Artistic Swimming.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_