COLLECTION OF PERSONAL INFORMATION - I understand that the Ottawa Valley Vikings Volleyball Club (OVVVC or the Club) gathers personal information about each of its participants. This information is used for the purposes of communications from the OVVVC with regard to Club programs, events, promotions and sponsorships. The Ontario Volleyball Association (OVA) and Volleyball Canada (VC) may also use the information for annual registration and membership demographics.

☐ I accept

MEDIA RELEASE - I understand the OVVVC has the right to take photographs, videotape or digital recordings of the participant to be used in any and all media and without financial or other compensation due to me or the participant. I am aware that by giving consent, I am permitting the participant's first name and likeness to be posted on the OVVVC website, social media and in all Club publications, which can be viewed by anyone who accesses the OVVVC website, social media or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting tim@ottawavalleyvikings.ca

☐ I accept

LIABILITY WAIVER - I hereby acknowledge that I am aware of the risks and hazards associated with or related to volleyball. The risks and hazards include, but are not limited to, injuries from: Exerting and stretching various muscle groups, strenuous cardiovascular workouts and heatstroke; Vigorous physical exertion, rapid movements and quick turns and stops; Falling, tumbling or hitting other participants; Falling to the ground or floor due to uneven, slippery or irregular surfaces; Contact, colliding or being struck by the volleyball, net, poles, other individuals, equipment, walls, stands, or benches; Failing to play within one's abilities and within designated areas; Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment; Spinal cord injuries which may render my child permanently paralyzed Furthermore, I am aware that: Participant may sustain injuries in volleyball that can be severe, cause spinal cord injuries and even be fatal; Participant may experience anxiety while challenging himself/herself during the activities, events, and programs; Participant may come into close contact with other participants, including the possibility of accidental and unexpected contact; Risk of injury is reduced if he/she follows all rules established for participation; Risk of injury increase as he/she becomes fatigued. I understand and agree, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my submitting of this document constitutes that: I am registering Participant willingly and Participant is participating voluntarily in these activities, events, and programs; I agree that there are risks in volleyball as described above and Participant will be exposed to these risks and hazards; I agree to accept all these risks and hazards and be responsible for any injury or other loss which Participant might receive while participating in these events, activities, and programs; I release, waive, discharge and hold harmless the OVVVC, including its directors, officers, members, employees, volunteers, officials, and participants from any responsibility for any claims, demands, actions, and costs of any kind or nature, and any other claims whatsoever arising out of or in any way connected with Participant's participation or attendance at Club-sanctioned events. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen, unforeseen, known or unknown, including, but not limited to, negligence. By checking the box below, you and the participant(s) voluntarily agree to be bound by these Conditions of Participation, and these Conditions of Participation are binding upon you, the participant, your heirs, executors, administrators, and representatives even if you have not read the Conditions of Participation.

☐ I accept

Parent Name (printed) _____ Parent Signature_____

Athlete Name (printed): _____