Empire Athletics Drop In Participant Waiver

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Major Injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Agreement**

The registration and drop in process at Empire Athletics (EA) requires all of the following sections to be carefully read and signed by the athlete(s) and guardian. We require all sections of waivers and policies to be signed before an athlete's participation in any EA program can commence. In signing these waiver and policy sections you are hereby in agreement that you and your athlete(s) have read and understand each section and all of the content in its entirety.

**Assumption of Risk & Release of Liability**

As the legal parent, legal guardian or participating athlete(s), I hereby release and hold harmless Empire Athletics (EA), Shannon Samson (Kamiel), coaches, employees and volunteers from any and all liability, claims, demands, or causes of action arising from or relating to any loss, property damage, personal injury, disability, Covid-19, or death that may be sustained by the participant while on the premises or any premises under the control and supervision of EA or in route to or from these said premises.

I agree to indemnify and defend Empire Athletics from all claims resulting from my or my athlete's involvement with any and all activities at EA. Indemnification includes but is not limited to legal fees. I agree that I am aware and understand the possible risks and usual hazards that are inherent with all activities involved with my/my athlete's participation with Empire Athletics. I understand that there is an element of risk that an accident can occur involving myself or my athlete during activities performed at the EA training facility or a EA sanctioned event and I hereby accept this risk to allow myself/my athlete to participate in Empire Athletics. Athletes are required to notify their Coach of any new medical issues, medications or injuries regardless of severity. This includes any injuries that may have been sustained participating in activities unrelated to EA as they may still impact your ability to participate in EA activities until appropriate medical attention has been received and the injury is healed. I understand and agree that the coaching staff may need to replace me with another athlete for the duration of my injury or longer depending on my ability to participate after returning from an injury. This decision will be at the discretion of the coaching staff. I understand that it is my/my athlete's responsibility to make sure I/my athlete are wearing proper athletic attire and shoes for all EA activities. We require that all jewelry be removed before participating in activities at the EA Training Facility or EA sanctioned event as they can increase the risk of injury. I acknowledge that I am voluntarily signing this agreement and that by doing so I am relinquishing certain rights which my child, my successors or I may have against Empire Athletics. I acknowledge that once signed this agreement is binding upon myself, my child, my heirs, administrators and successors. I also understand that once signed this agreement is irrevocable. By signing this agreement you are stating that you are of legal age in the province of British Columbia or you are signing as a legal guardian of a minor. I understand that the world is going through a Covid-19 pandemic at the moment and that there are still risks to my choices regardless of safety protocols and I understand that if I contract Covid-19 Empire Athletics is not liable or responsible. I understand that EA has put into place many new safety protocols and procedures based on information received from WorkSafe BC, our local Island Health Authority, ViaSport and BC Cheer and that I am responsible for following these new protocols to ensure the safety of my cheer family.

**Emergency Medical Treatment**

I hereby give permission to Empire Athletics, coach(es), staff or associated representatives to obtain medical treatment for myself/my athlete in the event of an injury or medical emergency while participating in EA activities. I understand that coach(es), staff and associated representative must use their judgement of what is best for the my/my athlete's health when deciding to seek emergency medical treatment. I understand that by agreeing I am taking responsibility for any costs that may arise from seeking emergency treatment or transport to an emergency facility for me/my athlete.

**Media Release Agreement**

I hereby grant Empire Athletics permission to use my/my athlete's photo or footage from video recording. I understand and agree that my image may be featured on any of our social media platforms, promotional items or on the EA website. I understand that even if I/my athlete leaves the program or has graduated from the program EA still reserves the right to use those images or videos. By signing this agreement I hereby waive my right to any indemnification from EA for the use of material which may feature me/my athlete.

**Agreement**

I hereby acknowledge and agree that I/my athlete have read and understood this agreement in its entirety and that I am fully responsible for understanding and following these policies and procedures as set forth.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_