

BAINBRIDGE WATER POLO CLUB SIGNED AGREEMENT

Inherent Risk Acknowledgement

We accept and understand that the sport of **WATER POLO** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

We certify that the player named on this form has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named player.

In the event it becomes necessary for Bainbridge Water Polo Club to obtain emergency medical care for the above-named player, we understand that neither the coaches nor Bainbridge Water Polo Club assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named player.

HAVING READ THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY CLUB ATHLETIC PROGRAM. BY SIGNING

BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

BY SIGNING BELOW IN THE AGREEMENTS SECTION OF THIS FORM, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY PLAYER TO PARTICIPATE.

Your signature indicates your agreement. Signatory must be over 18 years of age.

Parent
Name
(Printed): _____

Player
Name
(Printed): _____

Parent
Signature: _____

Date Signed: _____