



INFORMED CONSENT WAIVER

PLAYER'S INFORMATION - Please print clearly.

Name

Phone - *primary*

Phone - *other*

Email Address

Team Name / Manager's Name - *(if known)*

Please choose which sport(s) you are signed up for.

- | | |
|---|--|
| <input type="checkbox"/> Ball Hockey | <input type="checkbox"/> Summer Hockey |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Men's Hockey | <input type="checkbox"/> 3-Pitch |
| <input type="checkbox"/> O50 Hockey | <input type="checkbox"/> Volleyball - Beach |
| <input type="checkbox"/> Women's Hockey | <input type="checkbox"/> Volleyball - Indoor |

Are you a Regular or Spare Player?

- Regular Spare

INFORMED CONSENT

Thank you for choosing to participate in RA League Sports. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

I declare that I intend to participate in some or all of the Leagues, offered by the Recreation Association of the Public Service of Canada (the RA) and I understand that each person, (myself included), has a different capacity for participating in these activities.

I understand and acknowledge that part of the risk involved in participating in league sports is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity.

I acknowledge that my choice to participate in this activity brings with it an assumption by me of those risks or results stemming from this (these) choice(s) and the fitness, health, awareness, care and skill that I possess and use.

I understand that the goalie mask I use is deemed non-approved because it has the "cat-eyes" cage configuration, and I waive all right of claim against the RA, it's agents, staff, officials (on and off ice), players, spectators, etc. for my using and wearing the mask before, during and/or after games.

I fully understand the risks and concerns associated with wearing the "cat-eyes" mask, and have informed myself of those rights, and agree and accept those risks and their consequences.

I assume full responsibility for my actions before, during and after my participation. I understand that I am free to reduce, modify or completely withdraw from my involvement in league play and I acknowledge and realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

I am aware and agree with the Members' Code of Ethics and League Bylaws that pertain to my involvement with the RA.

I understand that these documents are available to me on the RASportsleague.com website or can be mailed to me by request. It is understood that privileges may be revoked in the event that my conduct is not in keeping with the RA's standards. I agree and accept responsibility to ensure I have the proper/certified equipment required for the activity.

I further understand that the RA will collect health and other personal information from me with the intent to fulfill their obligation to me. I agree with the RA's practice of keeping my personal information confidential and subject only to legal requirements to disclose or legal exceptions (emergency). I accept that the RA will use this information to improve the services that I receive. I also appreciate that the RA will not disclose, divulge or otherwise communicate to any person or business any such confidential information without my written consent to do so. Finally, I am aware that I can request the complete Privacy Policy at any time, by contacting the RA's Privacy Officer at 613-733-5100.

I agree to assume all risks involved in participation in the league sports. The RA or their directors, officers, employees, servants and agents are not responsible for any loss, damage or injury for any reason whatsoever suffered by me or any other person either before, during or after participation in league sports, at the RA, whether held at this facility or at any other location.

DISCLAIMER AND WAIVER

I do hereby agree for myself, my spouse, heirs, executors, administrators and assigns do release and forever discharge the RA, or their directors, officers, employees, servants or agents of any and all claims, demands, damages, costs, expenses, actions or causes of action whether in law or equity in respect of death, injury, loss or damage to person or property however caused, including but not limited to negligence arising or to arise out of my participation in such activities and programs.

I declare that I have read, understood and that I agree to the contents of this INFORMED CONSENT AGREEMENT and release of liability in its entirety.

By signing below, I agree that I have read and accept the Informed Consent and Disclaimer and waiver above.

Signature

Date

This form must be signed and returned before the first game or practice. Please return completed form to the RA Centre.

2451 Riverside Drive, Ottawa, ON K1H 7X7 | tel: 613-733-5100 | fax: 613-736-6234 | email: racentre@racentre.com

www.racentre.com

