**ASCENT VOLLEYBALL CLUBPARTICIPANT AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, MEDICAL CONSENT, CONCUSSION POLICY, PRIVACY CONSENT & MEDIA RELEASE1. Program Participation**

This Agreement applies to all activities conducted by ***Ascent Volleyball Club***, including but not limited to indoor/beach volleyball, training, playdates, and in-province and out-of-province tournaments.

**1. Assumption of Risk**

I understand that volleyball and athletic training involve inherent risks, including but not limited to: collisions, falls, contact with equipment (balls, nets, poles), and physical injuries (e.g., sprains, concussions, broken bones). I understand these risks may occur despite reasonable instruction and safety precautions and I voluntarily accept all risks associated with participation.3. Release of Liability & Waiver

In consideration for being permitted to participate, I release and forever discharge ***Ascent Volleyball Club***, its owners, directors, officers, employees, coaches, contractors, volunteers, and facility owners from any liability, claim, demand, action, cost, or expense arising from injury, illness, property damage, or death, including claims arising from negligence, except where prohibited by law.

**2. Medical Authorization**

I certify that I am physically capable of participating. I agree to immediately inform a coach if I become injured, dizzy, ill, or suspect a concussion. In the event of an emergency, I authorize Ascent Volleyball Club to obtain necessary medical treatment. I understand that all medical costs remain my responsibility.

**3. Concussion Policy**

Participant safety is a priority. Participants agree to immediately report any hit to the head or body that could result in a concussion and any associated symptoms (headache, dizziness, nausea, etc.). Coaches may remove a participant from activity if a concussion is suspected. A participant may not return to play until symptoms have resolved and clearance has been provided by a qualified healthcare professional where appropriate.6. Participant Responsibilities

Participants agree to demonstrate good sportsmanship, respect for all attendees, and adherence to all coaching instructions. Failure to comply may result in removal from programming without refund.

**4. Privacy Policy**

Personal information collected (name, DOB, medical info, etc.) is managed in accordance with the *Personal Information Protection Act (British Columbia)*. It is used solely for registration, communication, emergency response, and legal compliance. Ascent Volleyball Club will not sell or rent personal information and will implement reasonable safeguards.

**5. Media Release**

I grant Ascent Volleyball Club permission to photograph, film, and record me during participation for promotional purposes (social media, website, newsletters, etc.). I understand that no compensation will be provided, and that content shared online may be beyond the control of the Club.

**6. Sanctioning & Insurance**

I understand that for insurance coverage to apply through Volleyball BC, I must be a registered member in good standing. I acknowledge that if I am not registered, I am participating at my own risk without provincial insurance coverage.

**7. Governing Law**

This Agreement shall be governed by the laws of the Province of British Columbia. Any legal proceedings shall be brought exclusively in the courts of British Columbia.

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**Acknowledgement & Signature**

By signing below, I acknowledge that I have read this Agreement in its entirety, understand the risks involved, and understand that I am releasing certain legal rights. I agree to comply with all policies of Ascent Volleyball Club.

**Participant Name: _____**

**Date: _____**

**Signature: _____**

**Parent/Guardian Consent (Required for Participants Under 19 Years of Age):**

I certify that I am the parent or legal guardian of the participant named above. I have read and understand this Agreement and consent to the participant's involvement in Ascent Volleyball Club activities, agreeing to be bound by these terms on their behalf.

**Parent/Guardian Name: _____**

**Parent/Guardian Signature: _____**