



# Northern Ontario Curling Association

## Adult/Coach Participant Form (For those 18 years of age and older)

### EVENT INFORMATION

Team Name: \_\_\_\_\_ Event: \_\_\_\_\_

Coach Name (if applicable): \_\_\_\_\_

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth\* (DD/MM/YY): \_\_\_\_\_ Coach NCCP# (if applicable): \_\_\_\_\_

### Category – Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Bantam Girls  | <input type="checkbox"/> Men’s Travelers Curling Club   |
| <input type="checkbox"/> Bantam Boys   | <input type="checkbox"/> Women’s Travelers Curling Club |
| <input type="checkbox"/> Jr Men        | <input type="checkbox"/> Wheelchair                     |
| <input type="checkbox"/> Jr Women      | <input type="checkbox"/> Ice Technician’s Training      |
| <input type="checkbox"/> Men           | <input type="checkbox"/> Officiating Training           |
| <input type="checkbox"/> Women         | <input type="checkbox"/> Coach Training                 |
| <input type="checkbox"/> Mixed         | <input type="checkbox"/> Camp/Training Session          |
| <input type="checkbox"/> Mixed Doubles | <input type="checkbox"/> Conference                     |
| <input type="checkbox"/> Senior Men    | <input type="checkbox"/> Youth Challenges               |
| <input type="checkbox"/> Senior Women  | <input type="checkbox"/> Business of Curling            |
| <input type="checkbox"/> Masters Men   | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Masters Women |   |

**\*JUNIOR ATHLETES: PROOF of AGE (copy of Health Card, Driver’s Licence, Passport, Birth Certificate, etc.) must be on file with NOCA one week prior to competition.**

I confirm I am a member in good standing of a NOCA affiliated club and have paid the NOCA per capita fee.

Club: \_\_\_\_\_ City: \_\_\_\_\_

I confirm I have read the NOCA’s Code of Conduct and Ethics Policy, Discipline and Complaints Policy ([NOCA Policy Manual available here](#)) and the Event’s Competitor Guide ([Competitor Guides Available Here - See applicable category](#)), and agree to follow the guidelines and rules contained within.

I consent to the NOCA and their agent or appointees; photographing, videotaping, filming; and/or recording my voice; and further exhibiting, publishing and broadcasting my name or photograph, video tapes, films, or any other likeness of me or any sound recordings of my voice in any promotion, reports or advertising about or in connection with the NOCA or the event. I hereby waive the right to any payments or royalties in connection with the actions described above.

I acknowledge that through participating in NOCA sanctioned events I have become a member of the Ontario Curling Council, the Provincial Sport Organization for Curling in Ontario.

I have been given the opportunity to obtain independent legal advice prior to signing this agreement, and fully understand its provisions. No person has attempted to unduly influence my signing of this agreement. I have signed this agreement on my own after careful consideration of all provisions.

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



## WAIVER AND RELEASE OF LIABILITY

(To be signed by participants of the age of majority and over)

### WARNING!

**By executing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

1. This is a binding legal agreement. As a participant in the programs, activities and events of the Northern Ontario Curling Association ("NOCA"), the undersigned acknowledges and agrees to the following terms.

#### Disclaimer

2. NOCA and their directors, officers, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by me during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

**I have read and agree to be bound by paragraphs 1 and 2.**

#### Description of Risks

3. I am participating voluntarily in the sport of curling and the activities, events and programs of the Organization. In consideration of my participation in the sport of curling and the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of curling and any such programs, activities and events of the Organization including injuries which can be **severe and even fatal**. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Executing strenuous and demanding physical techniques in curling;
- b) Dryland training including weights, running and massage;
- c) Strenuous cardiovascular workouts;
- d) Exerting and stretching various muscle groups;
- e) Being struck by a broom, brush or curling stone;
- f) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- g) Physical contact with other participants, spectators, equipment and vehicles;
- h) Running or sliding on the ice surface;
- i) Falling while delivering the curling stone, skipping or sweeping;
- j) Falling because of slippery ice, or uneven or irregular ice surfaces;
- k) Spinal cord injuries which may render me permanently paralyzed;
- l) Stepping onto the ice surface from the walkway or onto the walkway from the ice surface;
- m) Stepping over dividers that divide one sheet of ice from the next;
- n) Weather conditions which may result in hypothermia;
- o) Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

**I have read and agree to be bound by paragraph 3.**

#### Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
  - a) That my physical condition has been verified to participant in the sport of curling and the activities, events and programs of the Organization by a medical doctor;
  - b) To assume all risks arising out of, associated with or related to my participation;
  - c) To waive any and all claims that I may have now or in the future against the Organization;
  - d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the sport of curling and the activities, events and programs of the Organization; and
  - e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

**I have read and agree to be bound by paragraph 4.**

#### Acknowledgement

5. I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

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

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

**Please print, sign and return this form to the NOCA office one week prior to the start of the first competition.**

**Fax: 1-888-622-8884**

**Email: [lesliekerr@curlnoc.ca](mailto:lesliekerr@curlnoc.ca)**