



EPIC Water Polo

Name _____ Age/DOB _____ Grade _____

Address _____

Guardian Name (under 18) _____ Home Phone _____

Guardian/Self Email _____ Cell Phone _____

Emergency Contact _____ Phone _____

Health Insurance _____ Policy No. _____

Parent/Guardian Signature (under 18): _____

COST:

High School - \$300

Middle School - \$175

*8th Graders- \$125 (\$50 discount for students planning to attend McDowell in Fall 2021)

PLEASE NOTE: Athletes are committed to the full three months of the term even if they choose to pay monthly. We do not offer a monthly term at this time. Payments received after the 20th of the month are assessed a \$10 late fee. We do not pro-rate any portion of the term.

Practice times vary, see www.epicwaterpolo.org

Please Send Check To:

EPIC Water Polo

c/o Jim Vieira

521 Connecticut Drive

Erie, PA 16505

Questions: email us at epicwaterpolo@gmail.com

USA WATER POLO/EPIC WATER POLO COVID-19 RELEASE AND WAIVER

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ THIS DOCUMENT CAREFULLY BEFORE ACCEPTING.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD, THESE TERMS AND CONDITIONS MUST BE READ AND ACCEPTED BY THE LEGAL GUARDIAN OF THE PARTICIPANT. By signing below, I hereby verify that, as legal guardian of the membership participant, I have read and fully understand each of the following terms and conditions for permitting my child to participate, and I accept each of the terms and conditions below on behalf of my child.

The governmental authorities in your locality may have determined to permit athletic practices and competitions to resume, notwithstanding the continuing hazards posed by the COVID-19 virus. Neither USA Water Polo nor the water polo club with which you are affiliated possess the medical expertise to determine whether it is safe to resume water polo activities in your locality or to assess the degree of risk that you may be undertaking, should you decide to do so. USA Water Polo urges you to consult publicly available information, such as that provided by the Centers for Disease Control and/or your local governmental agencies, so that you can make your own independent judgment as to the degree of risk that you will be undertaking, should you decide to engage in water polo activities.

This release and waiver applies to USA Water Polo sanctioned water polo competitions, as well as your water polo club practices and any non-sanctioned competitions that your water polo club may schedule (collectively, "Water Polo Activities"). Any Water Polo Activities that USA Water Polo or your water polo club may schedule will be based solely upon the judgment of the governmental authorities in the event's locality that engaging in Water Polo Activities does not pose an unreasonable risk. Of course, that does not mean that participating in Water Polo Activities is free from the risk of contracting COVID-19 as a result of your participation in Water Polo Activities.

As a condition to permitting you to participate in any Water Polo Activity, you agree as follows:

- The undersigned acknowledges, appreciates, and agrees that there is a risk of contracting the COVID-19 virus as a result of my participation in Water Polo Activities, that the disease caused by the COVID-19 virus is serious and could result in my death, and that such risk cannot be eliminated.
- The undersigned acknowledges and agrees that neither USA Water Polo nor my water polo club have independently assessed the risk of my contracting the COVID-19 virus while participating in Water Polo Activities or undertaken any duty to minimize that risk.
- The undersigned acknowledges and agrees that USA Water Polo does not exercise any control over the manner in which my water polo club may conduct Water Polo Activities. 2
- Notwithstanding the foregoing, the undersigned knowingly and freely assumes all risks associated with the undersigned's participation in Water Polo Activities and other activities related thereto.

•The undersigned hereby releases: (a) USA Water Polo, (b) USA Water Polo’s sponsors and advertisers, (c) USA Water Polo member clubs, (d) the owners and lessors of premises utilized in connection with Water Polo Activities in which I may participate or at which I may attend as a spectator, and (e) the officers, directors, agents, employees and independent contractors of each of the foregoing (the parties referred to in sections (a), (b), (c) and (d) of this paragraph being collectively referred to as the “Released Parties”) from any and all claims, actions, causes of action and liabilities, whether known or unknown, suspected or unsuspected, of every nature whatsoever that I have, or may have, now or in the future, relating to my having contracted the COVID-19 virus as a result of my participation in Water Polo Activities or my attendance as a spectator at events at which Water Polo Activities occur.

Member Name: _____

For Members 18 years of age or older:

Member Signature: _____ **Date:** _____

For Members Under the age of 18:

Parent/Guardian’s Signature: _____ **Date:** _____

Release Form

Part A – Waiver and Release of Liability

In consideration of being allowed to participate in any way in the EPIC Water Polo Club sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from athletic activities, minor or serious, does always exist and while particular rules, equipment, and personal discipline may reduce this risk, it does not eliminate the risk of injury and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, the undersigned, declare on my honor that I am an amateur and agree to follow the rules of the EPIC Water Polo Club, obey my coach(es)/team leader(s), tournament officials, and directors. I am in good physical condition and have no disease or injury that would impair my doing my best in competition.
5. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so.
6. I hereby consent to allow my picture or likeness to appear in any official documents, sponsor advertisement, and/or exclusive television coverage of the EPIC Water Polo Club in any manner incidental to my participation in the EPIC Water Polo Club without compensation to me.
7. EPIC reserves the right to adjust practice times commiserate with enrollment and participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signed: _____
Participant Signature Date

PART B – FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the EPIC Water Polo Club, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Signed: _____
Name Relationship to Minor Date

Signed: _____
Name Relationship to Minor Date