

USA Water Polo International Team Participation Form

In consideration of being allowed to participate in any way in the USA Water Polo, Inc. athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- I. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
- II. 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,
- III. 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 office immediately; and,
- IV. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS USA WATER POLO, INC., its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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

For Participants of Minority Age (Under 18 at Time of Registration)

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

INTERNATIONAL TEAM INFORMATION

This form applies to USA Water Polo sanctioned events ONLY.

Please complete and return immediately to tournament director for approval.

Event Name: _____ Dates: _____ Age Division: _____ Gender: _____

Team Name: _____ Country: _____

Head Coach: _____ Asst. Coach: _____

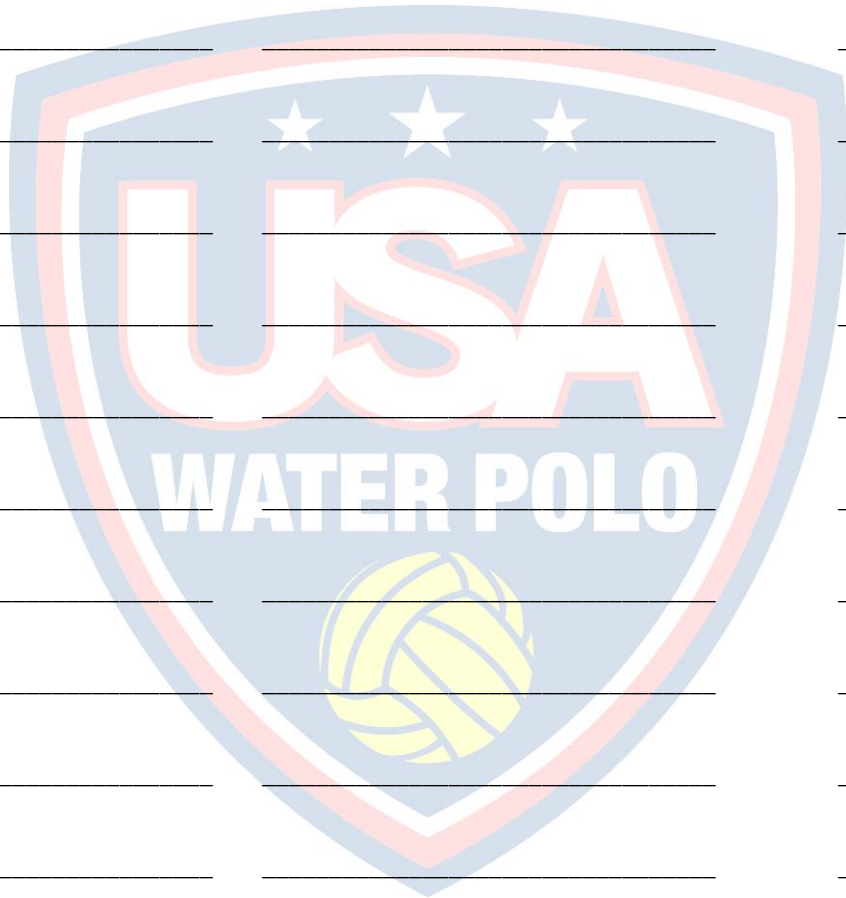
Email Address: _____ Phone number: _____
(coach) (coach)

Cap #	Athlete Name (print)	Athlete Signature (or Guardian if athlete under 18)	Athlete Date of Birth*
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Team Name: _____

Event Name: _____

Cap #	Athlete Name (print)	Athlete Signature (or Guardian if athlete under 18)	Athlete Date of Birth*
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____



**It is highly recommended that copies of athlete passports are included with completed form to verify dates of birth for the athletes.*

Tournament director must have completed form prior to team’s first water polo activity, practice or game.

Photo identification is required from athletes and coaches prior to each game to confirm identity.

-----Tournament director should send copy to USA Water Polo National Office at the conclusion of the sanctioned event-----