



HAMILTON ULTIMATE CLUB (“HUC”)
Concussion Code of Conduct & Membership
CONCUSSION CODE OF CONDUCT

NOTE: This release form is a contract with legal consequences. Please read it carefully before signing.

I will help prevent concussions through my:

- Efforts to help Athletes develop their awareness, body control, agility, and sense of safe play;
- Respect for the rules of Ultimate;

I will care for the health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short- and long-term effects;
- A person doesn’t need to lose consciousness to have a concussion;
- An athlete with a suspected concussion should stop participating in training, practice or competition immediately;
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person’s risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death;
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion;

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Lead by example. I will tell a fellow player, coach or captain and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms;
- Encourage athletes not to hide their symptoms, but to tell a coach or adult captain if they experience any symptoms of concussion after an impact;
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition;

I will support all participants to take the time they need to recover.

- I understand my commitment to supporting the return-to-sport process;
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport;
- I will respect my fellow players, captains, coaches, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of our athletes.

I will help prevent concussions, through my:

- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.
- Actions of educating myself by reading the **mandatory** [Ontario Concussion Awareness Resource E Booklet](#) (please look for the link referring to the participant’s age)
- Further review of the HUC [Concussion Policy](#), including the [Removal-from-Sport](#) & [Return-to Sport](#) Protocol



MEMBERSHIP RELEASE, WAIVER & INDEMNITY

I want to participate in the ____ calendar year of the HUC’s activities. I understand and acknowledge that it is my responsibility to follow all of HUC’s rules and policies. I accept that the sport of ultimate may involve an element of risk and physical contact inherent to the nature of the sport. I understand that HUC adult leagues and events are unsupervised, not refereed by any third party or any official or representative of HUC, and not otherwise overseen. I accept the responsibility for inspecting each field on which I play ultimate in connection with the HUC, satisfying myself as to its safety, and confirm that I will take all reasonable cautions for my own safety.

I/we hereby agree that the risk of my contracting COVID-19 is increased as a result of participating in the event and agree to abide by the following points when participating in HUC activities, I agree to:

- Symptom screening checks, and will let the HUC know if I have experienced any of the symptoms in the last 14 days.
- Stay home if feeling sick, and remain home for 14 days if experiencing COVID-19 symptoms
- Sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- Continue to follow physical distancing protocols, staying at least 2 meters away from others.
- Not share any personal items during practice/game times.
- Abide by all of my organizations COVID-19 policies and guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines, that I may be asked to leave the activities for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in suspension of my club membership temporarily.
- I acknowledge that there are risks associated with taking part in sports activities, and that the measures taken by the organization and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

In consideration of the Hamilton Ultimate Club accepting me as a participant during the ____ calendar year, I/we, for myself/ourselves, my/our heirs/next of kin, executors, administrators, successors and assigns, hereby release, waive and forever discharge the HUC, its sanctioning body, affiliates, and sponsors and all their respective agents, employees, volunteers, officers and directors, contractors, representatives, elected and appointed officials, successors and assigns (collectively, the “Released Parties”), of and from all liability, injury, loss, death, claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, howsoever caused, arising from or by reason of my participation in the ____ calendar year of the HUC’s activities, whether as a spectator, participant, photographed participant, competitor or otherwise, whether to: (i) my person or property; (ii) another person or their property; (iii) HUC, or any event, venue, activity, associates therewith, or; (iv) otherwise (collectively the “Claims”).

I/we, for myself/ourselves, my/our heirs/next of kin, executors, administrators, successors and assigns hereby agree to indemnify and save harmless against any and claims arising from and in connection with, my participation in the ____ calendar year of the HUC.

By signing this form, I/we acknowledge having read, fully understood and agreed to the contents of this release, waiver and indemnity, and I/we agree with the Concussion Code of Conduct and have read the MANDATORY e-booklet. I warrant that I am physically fit to participate in the ____ calendar year of HUC. Please neatly PRINT your information below where required.

Player Name (print): _____

Player Email: _____ Health Card Number (optional): _____

Birthdate (M/D/Y): _____

Address: _____ Postal Code: _____

Emergency Contact Name (print): _____ Emergency Contact Phone: _____

Signature of Parent/Guardian: _____ (if participant is under 18 years of age)

Signature of Player: _____ Date: _____