

SOUTH OGDEN CITY – PARTICIPANT WAIVER FORM

Event: _____
Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____
Date of Birth: _____

1. Event

It is my desire to participate as in the event listed above (the "Event"). Prior to my participation in the Event, I acknowledge that certain risks are associated with my participation, including physical injury due to event-related accidents, physical injury due to transportation-related accidents, illness, or even death. I acknowledge that there may be other risks inherent in my participation in the Event of which I may not be aware.

2. Release of Liability.

By signing this South Ogden City Participant Waiver Form, I expressly warrant I can withstand both the physical and mental demands of the Event. I expressly assume all risks associated with my participation in the Event, whether such risks are known or unknown. I release South Ogden City and its affiliates; and/or any agencies whose property and/or personnel are used in any way to assist in the Event; together with their leaders, members, employees, volunteers, and agents (collectively the "Released Parties") from any claim I may have against them because of injury, illness, or other claim that may arise during my participation in the Event. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against the Released Parties for any injury, illness, or other claim that may arise during my participation in the Event.

I further agree to indemnify and hold the Released Parties harmless from any claims arising from my participation in the Event.

3. Publicity.

I agree to the use of my name and photograph, without compensation, in broadcasts, newspapers, brochures and other media recorded, captured, and/or obtained in connection with the Event.

4. Concussion and Head Injury Release

Pursuant to the passage of House Bill 204, Protection of Athletes with head injuries and in order to help protect participants in the South Ogden City sporting events, effective August 10th, 2011, South Ogden City Parks and Recreation requires that athletes, parents/guardians and coaches follow South Ogden City Head Injury Policy and Procedures.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- Pressure in the head
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Drowsiness
- Change in sleep patterns
- Feeling foggy or groggy
- Amnesia
- Don't feel right
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory loss
- Repeating yourself

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Confused about assignments
- Unsure of game, score, or opponent
- Answers questions slowly
- Slurred speech
- Can't recall events prior to hit
- Seizures or convulsions
- Vacant facial expressions
- Forget plays
- Moves clumsily or displays lack of coordination
 - Any change in typical behavior or personality
- Shows behavior or personality changes
- Can't recall events after hit
- Loses consciousness

What can happen if my athlete keeps on playing with a concussion or return too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and student is the key for young athlete's safety.

If you think your child/player has suffered a concussion

Any athlete, under the age of 18, suspected of suffering a head injury or concussion must be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Written medical clearance must state that the athlete has been evaluated by a qualified health care provider, licensed under Utah Code Ann, Title 58, who is trained in the evaluation and management of concussions; and that the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and the athlete is cleared to resume participation in the City's sporting program or event. Post Concussion Instructions and Return to Play Forms are available at the South Ogden City Recreation Department.

Licensed Health Care Providers acceptable to make a determination:

1. Medical Doctors (MD)
2. Doctor of Osteopathy (DO)
3. Advanced Registered Nurse Practitioner (ARNP)
4. Physician's Assistant (PA)
5. Licensed Certified Athletic Trainers (ATC)

You should also inform your child's coach if you think that your child/player may have a concussion. Remember, it is better to miss one game than to miss the whole season. And when in doubt, the athlete sits out.

Athlete Name (print) _____

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY ME AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS VOLUNTEER WAIVER FORM. I AGREE THAT THIS DOCUMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.

Signature and Date
(Self, or Parent or Guardian, if for a minor)