



SOCCER CLUB ORGANIZATION OF BURLINGTON YOUTH:  
 977 Long Drive,  
 Burlington, Ontario  
 L7T 3K2

**AMATEUR ATHLETIC  
 WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the **SCOOBY (Soccer Club Organization of Burlington Youth)** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. 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 this risk, the risk of serious injury does exist, 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **SCOOBY (Soccer Club Organization of Burlington Youth)** their 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 CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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.

**FOR PARTICIPANTS OF MINORITY AGE**  
 (UNDER AGE 18 AT 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 these programs as provided above.

X \_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE PARTICIPANT NAME (printed)  
 X \_\_\_\_\_  
 WITNESS EMERGENCY PHONE NUMBER  
 Date \_\_\_\_\_

**Concussion Code of Conduct Athlete and Participant**

In recognition of the potential seriousness of a concussion, I, \_\_\_\_\_ commit to following the concussion protocols and expectations highlighted below.

I will help prevent concussions by:

- Respecting the rules of my sport.
- Being committed to fair play and respect for all, including other athletes, coaches, and umpires.
- I will care for my health and safety by taking concussions seriously, and I understand that:
  - A concussion is a brain injury that can have both short and long-term effects.
  - A blow to my head, face or neck, or body that causes the brain to move around inside the skull may cause a concussion.
  - I don't need to lose consciousness to have had a concussion.
  - I have a commitment to concussion recognition and reporting, including if I think I might have a concussion I should stop participating in further training, practice or competition immediately and tell a coach, as well as reporting to my coach if I think another participant has a concussion.

Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

**I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, umpire, parent or another adult I trust if I experience any symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, umpire, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice, or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization where I am registered.

**I will take the time I need to recover because it is important for my health.**

- I understand my commitment to following the return-to-sport process.
- I will respect my coaches, parents, health-care professionals, and medical doctors/nurse practitioners, regarding my health and safety.

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

Athlete: \_\_\_\_\_  
 Parent/Guardian Signature (of athletes who are under 18 years of age): \_\_\_\_\_  
 Date: \_\_\_\_\_