

US National Team Certificate of Accuracy/Release of Liability

Article I

Purpose

It is your responsibility to ensure you are medically fit to participate in strenuous on-pitch or off-pitch activities. As stated below, participation in quidditch presents an inherent risk of injury to person or property. By signing this release, you certify you have no known conditions that prohibit or limit participation in any quidditch- or sports-related activities held by or in association with US Quidditch and the US National Team. Additionally, it is not required but strongly preferred that you hold either primary or secondary health insurance to cover any expenses related to any potential injury that may arise from your participation in the US National Team.

This agreement certifies that all information disclosed in registration by the US National Team athlete is truthful. It also establishes the responsibility of the athlete to make sure that all relevant information is kept up to date within the National Team's records.

ARTICLE II

Definitions

2.1 Medical Identification and Risk Acknowledgement

In consideration of being allowed to participate in any way in the US National Team and related events and activities, including but not limited to tryouts, practices and matches, you acknowledge, appreciate and agree that:

The risk of injuries 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 remains; and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and I assume full responsibility for my participation; and 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 I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless US Quidditch and the US National Team, the fields and facilities used, coaches, managers, coordinators, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors and advertisers ("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.

2.2 Protective gear

Participants are required to wear mouth guards. Any padding or additional protective gear must meet the requirements set forth in the [2016-18 rendition of the IQA Rulebook](#).

2.3 Conduct

Spectators (patrons on the premises as a result of your involvement in US Quidditch and the US National Team), as well as participants, must behave in a respectful manner to both person and property. Behavior which could potentially lead to intentional or unintentional bodily injury or injury to property will not be tolerated.

Certificate of Adoption of US National Team Waiver and Acknowledgement

By signing below I hereby agree that:

1. I certify the information in this registration is accurate and complete to the best of my knowledge.
2. I understand that it is my responsibility to keep this information updated and accurate.
3. I understand that should I be seriously injured during a tryout, practice or match, this information will be provided to all appropriate medical personnel.
4. I understand that this information will remain confidential, and will not be used to make decisions about my ability to play or my position on a team.
5. I understand that by signing below, I am consenting to allow US Quidditch and the US National Team management to take appropriate action for medical treatment in the event that I am rendered unable to provide directions for my treatment.
6. I understand that by signing, I am releasing US Quidditch and the US National Team and their representatives from any and all liability due to complications arising from any medical services provided directly or indirectly to me in the event of injury.

I have read this assumption of risk agreement, acknowledgment and I accept responsibility; I fully understand its terms, and I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without any inducement.

If you agree to this policy, please indicate such on the US National Team Application.