



Consent and Waiver Form

www.vectorbadmintonclub.com

Member Information

Last Name: _____ First Name: _____ Sex: Male / Female

Date of Birth (dd/mm/yyyy): _____ Phone: _____

Address _____ Medical Condition(s) _____

- The member will abide by the rules of the Vector Badminton Club (VBC) and to participate in all VBC activities, including club competitions, to the fullness of my ability.
- **Safety Policy:** Members who are <12 years old must be walked to their Program and signed in and out by an authorized person. Alternate arrangements can be made for youth aged 12 years and older.
____ (initial here) By initialing above, I confirm that the Member is aged 12 years or older, and I authorize the Member to sign him/herself in and out of the Program. I acknowledge that VBC reserves the right upon verbal or written notice to withdraw this privilege, and require that the Member be signed in/out by an authorized person.
- **Acknowledgement and Assumption of Risk:** We acknowledge that the participation in the club activity will entail risk of exposure to infectious disease, including but not limited to COVID-19, and risk of injury, including but limited to major injury, permanent injury, and injury resulting in disability, and risk of death. We agree to release, indemnify, defend and hold VBC, its directors, its committee members, its coaching staff, its volunteers, its sponsors, and Pinetree Community Centre harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the program.
- **Medical Authorization.** In the event of any accident or illness affecting the Member, I authorize VBC, its coaches, and operating committee members, on my behalf and according to their best judgement, any procedures, including admission to hospital and any necessary treatment for the care and well-being of the Member. For members who are minors, this authorization will be exercised only when VBC is unable to contact the parents/guardian or circumstances require that immediate action be taken or care be delivered.
- **Use of image:** We agree for member photos or videos to be used for promotional purposes such as brochures, flyers, website, proposals, etc. I hereby waive all rights that the Member may have in and to such images, including moral rights and rights of personality, publicity or privacy.
- **Withdrawal & Refund Policy:** Withdrawal requests must be submitted by email to register@vectorbadmintonclub.com no later than one day before the first session of each program for a refund; an administration fee (\$30) will be charged for all refunds. NO refund will be issued after the first session starts. The Badminton BC membership fee will not be refunded if the withdrawal is requested less than one week before the first session.
- **Membership termination policy:** If the Member’s participation in club events is found unsatisfactory by the coaches or the Member does not abide by the VBC policy set out in this form, his/her membership will be revoked.

This form, once submitted in paper or as an electric copy, shall be effective throughout all sessions that the Member has registered at VBC. Please notify VBC of any changes or when the Member is reaching 19 years.

By signing below, I represent to VBC that I have the authority to act on my behalf and on behalf of the registered Member. I authorize the Member to participate in VBC activities. I have read, understand, explain the policies to the Member and agree to the terms and conditions set out in this form.

Member’s Signature
(Required for adult members)

Parent/Guardian’s Signature

Date

Parent/Guardian’s Name