

OREGON HIGH SCHOOL WATER POLO COMMITTEE
Water Polo Release and Indemnification Form

We, the undersigned, do acknowledge that:

Name of Athlete	High School	Conference
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Intends to play and practice water polo wearing:

- A clear plastic sports face mask closely adhering to the upper face (nose, cheek, forehead) or a similar nose guard to prevent further injury from a fracture;
- A clear protective sports eyewear of the type designed to prevent eye injuries or to enable vision;
- Other similar device (provide description): _____

The Oregon High School Water Polo Association (OHSWPC), Oregon Water Polo Officials Association (OWPOA), and the relevant conference have informed the student-athlete, parents (if student-athlete is a minor), and the high school athletic director, of NHSFA rule 5.4.3, which states that a player shall remove any article likely to cause injury, including, but not limited to, the following: jewelry, medical or religious medals, watches and swim goggles. Sharp fingernails and toenails shall be trimmed. NOTE: State Associations may authorize exceptions to NFHS playing rules to provide for reasonable accommodations or unique and extenuating circumstances; as long as it does not fundamentally alter the sport, create risk to the athlete/others or place opponents at a disadvantage.

We the undersigned do acknowledge and accept the possible risks associated with wearing this article and understand that it could possibly cause further injury to the student-athlete or to any other player. We release and shall fully indemnify, defend and hold harmless, the OHSWPC, OWPOA, the conference, high school and their respective officers, employees and agents, from any claims damages expenses and / or liability arising out of, or otherwise in connection with, the use of this article and we do assume any liability arising from the use of this article.

Signature of Student-Athlete	Signature of Parent
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Printed Name of Student-Athlete	Print Name of Parent
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MEDICAL REPRESENTATIVE REVIEWING THE DEVICE
TO ENSURE IT IS NOT LIKELY TO CAUSE INJURY

SCHOOL AUTHORIZED REPRESENTATIVE

Signature of Medical Representative	Signature of School Representative
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Printed Name of Medical Rep.	Print Name of School Representative
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SCHOOL REPRESENTATIVE TO FAX FORM TO OHSWPC BEFORE COMPETITION BEGINS; OHSWPC TO FAX APPROVED FORM BACK TO INSTITUTION FAX NUMBER.

OHSWPC President Authorization Signature	_____
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OHSWPC President Printed Name	Date
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**WHEN STUDENT-ATHLETE IS WEARING THE APPROVED ITEM HE OR SHE MUST BE PREPARED
TO SHOW THIS FORM TO REFEREES BEFORE EACH GAME**