



Croatia All Star Trip Rules & Code of Conduct



- athletes agree to follow the rules set forth by the team leaders and chaperones
- athletes agree to remain with the group at ALL times throughout the trip; no one is allowed to go anywhere alone without express permission from a team leader
- athletes must set an alarm and meet at breakfast ON TIME at the instructed time each morning
- after dinner all athletes must follow that evening's lights out policy
- no more than four athletes can be hanging out together in a hotel room at any time
- the hotel room doors must remain open if any athletes are hanging out together inside
- male and female athletes must remain separate in the hotel and not visit in each other's rooms
- all athletes must adhere to the daily schedule for training, team activities and club games
- all activities are mandatory and must be attended. If you are feeling sick or injured, you must let a staff member know immediately so appropriate action can be taken
- athletes will be on their best behavior throughout the trip and act with respect, humility & professionalism
- athletes will be polite and not overly loud at all meals
- athletes will dress in Azevedo/6-8 gear when possible and appropriate and respectful gear at all times
- absolutely no smoking or vaping of any kind during the program in any form
- absolutely no consumption of alcohol or other illegal substances for the duration of the program
- athletes are not allowed to use phones during any of the training, activities or meals. Phone usage should be reserved for emergencies or in hotel rooms only (not past lights out)
- athletes will be made aware of emergency procedures and will follow these in the case of an emergency

I have read and agree to the above rules and terms. I am aware that if I break any of the above rules I can be sent home without any possibility of a refund.

Athlete Signature

Date

Parent Signature

Date

Azevedo Water Polo Inc. Liability Disclaimer

Azevedo Water Polo Inc. (AWP) works to organize water polo clinics, tournaments and other events worldwide. The company also organizes team and individual water polo training trips in the United States and other locations abroad.

Regarding any business conducted by AWP it is important to understand that Azevedo Water Polo Inc. and therefore 6-8 Sports Inc., Sara Azevedo & Tony Azevedo, are not responsible for any problems, mishaps or issues that arise during any phase of an AWP event or training trip. Athletes, parents, volunteers chaperones or any other individual present **must make sure to have their own valid local or international health insurance, as well as any other kind of insurance needed during any portion of an event or trip.** Azevedo Water Polo Inc. will not be responsible for covering any costs or expenses or damages related to any occurrences.

Release and Indemnification:

With that in mind, I, the undersigned, hereby acknowledge that I am aware of the risks and hazards associated with or related to travel, water polo, intense training and other athletic activities as well as staying in foreign countries. **I UNDERSTAND AND AGREE**, on behalf of myself, my children, my wards, my heirs, assigns, personal representatives and next of kin (collectively, the **“Releasees”**) that I agree to accept all these risks and hazards and be responsible for any injury or other loss, which I, or my minor child/ward might receive while participating in a training program, or traveling to or from or during my stay there.

I, on behalf of myself and the other Releasees, **RELEASE** the Organizers (as “Organizer” is defined below) of responsibility from any claims, demands, actions, expenses, costs, damages, and causes of action, whether arising in law or equity, in respect of death, injury, loss or damage to person or property, **HOWSOEVER CAUSED**, arising or to arise by reason of my, or my child/ward’s or any of the Releasees’ participation with AWP or the AWP training program (whether as a parent, participant (athlete) or otherwise) whether prior to, during or subsequent any events, activities, training and/or competition put on by, or in any way associated with AWP or any of its Partners, **AND NOTWITHSTANDING** that same may have been contributed to or occasioned by the negligence of any of the Organizers.

I FURTHER HEREBY UNDERTAKE AND HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the Organizers from and against any and all liability incurred by all or any of them as a result of, or in any way connected with, my or my child/ward or any of the Releasees’ participation with AWP (parent, participant (athlete) or otherwise).

I understand **“Organizers”** to mean: Azevedo Water Polo Inc., 6-8 Sports Inc., Sara Azevedo, Tony Azevedo, its other directors, officers, members, employees, partners, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Name of Athlete/Participant: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____



Azevedo Water Polo & 6-8 Sports



Photograph and Publicity Release Form

I give *Azevedo Water Polo Inc. (AWP), 6-8 Sports Inc. (6-8)* and their Organizers (as “Organizer” is defined below) permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the *AWP or 6-8* activities. I agree that *AWP, 6-8* and all Organizers have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *AWP & 6-8* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release *AWP & 6-8* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I understand “Organizers” to mean: *Azevedo Water Polo Inc., 6-8 Sport Inc., Sara Azevedo, Tony Azevedo, Maggie Steffens,* its other directors, officers, members, employees, partners, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities. These include but are not limited to *Azevedo Aquatics & USA Water Polo.*

I have read and understood this consent and release.

I give my consent to *Azevedo Water Polo Inc., 6-8 Sports Inc. & its partner* “Organizations” to use my name and likeness to promote the *AWP & 6-8* programs, its partners & other organizers, and/or their activities.

Signature of Athlete

Date

Parent / Legal Guardian (if under 18 years of age)

Date

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born the ___ day of _____, 20___ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of the **Croatia All Star Program run by Azevedo Water Polo, Tony or Sara Azevedo** of 4071 E De Ora Way, City of Long Beach, State of California, and I am not reasonably available by telephone to give consent.

This authorization is effective from the ___ day of _____, 20___ to ___ day of _____, 20___

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____