



ROLE

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Hi there,

I want to first thank you for showing your interest in **Role** while it is in its beginning phases. Growing up as a basketball player in Brantford, I understand the hunger in looking for an outlet where you can work towards your basketball specific goals. From wanting to learn the basic fundamentals of the game, to being pushed to your limits, I hope **Role** is able to help you achieve your goals whether it is on the court, for a competition, or just your overall body / fitness.

As one of your coaches, all I ask of you is to be positive, work hard, and most importantly, be a student. This entails being a student of the game, of life, **AND** in the fitness rooms, even when we are not together.

Before we begin, you will need to complete the following forms before we begin. Feel free to contact me if you have any questions or concerns.

Thank you,



Coach JR Gallarza

St. John's College & CYO Basketball Alumni ~ University of the Philippines Alumnus
& Magna Cum Laude Graduate (BEd TEG) ~ Student-Athlete of the Year 2015



www.roleplayers.ca

Name and Age: _____

Start Date: _____

Goal Setting - Self-Assessment - Personal Contract

Please answer the following as honest as possible. You may keep this form confidential from others (ex. parents), but be ready to discuss this with me.

1) What do you want within the next six months (short term goals)?

With your body / health / competitions (Ex. Better mobility, being more flexible, trimming down, getting stronger etc.)

2) What do you want within the next two years (longer term goals)?

a) With your body / health / competitions (Ex. Better mobility, being more flexible, trimming down, getting stronger etc.)

b) With another aspect of life (Ex. family, financially, work life)

My Strengths

My Weaknesses

Things stopping me from achieving my goals

Things helping me achieve my goals

| | |
|--|--|
| | |
| | |
| | |
| | |

I promise to stay positive and work hard towards achieving my goals.

Signature: _____x



PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
 - take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
(hereinafter referred to as the "Release Agreement")**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM
COMPENSATION FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

SIGNATURE OF PARTICIPANT

| | | | |
|----------------|--------|-------------|----------------|
| Name | Last | First | Middle Initial |
| Address | Street | | |
| | City | Prov./State | Postal/ZipCode |

ORGANIZATION NAME: _____ and its (their) directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as "the Releasees")

"SPORT ACTIVITIES": _____ (to be referred to as "SPORT" in this documents)

DEFINITION

In this Release Agreement, the term "SPORT" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: "SPORT"; "SPORT" rental; orientational and instructional courses, seminars and sessions; travel, transport and accommodation; and other such activities, events and services in any way connected with or related to "SPORT".

PROTECTIVE EQUIPMENT

I have been advised to wear all protective equipment that is required by the rules and regulations of the governing body for my sport.

ASSUMPTION OF RISKS

I am aware that "SPORT" involves many risks, dangers and hazards. The risks, dangers and hazards, including but not limited to: loss of balance; difficulty or inability to control one's speed and direction; variation or steepness in terrain; rapid or uncontrolled acceleration on hills and inclines; mechanical failure of equipment; variation or changes in the playing surface including rocks, gravel; changing weather conditions; exposure to temperature extremes or inclement weather; travel or transport to and from the sites used for "SPORT"; travel on highways and backcountry roads; encounters with domestic and wild animals including dogs, bears and cougars; collision with pedestrians, motor vehicles, cyclists and other players; failing to play safely or within the limitations of one's own abilities, negligence of other participants; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RISKS RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF "SPORT".

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH "SPORT" AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in "SPORT" and permitting my use of their services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in "SPORT" DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN "SPORT" REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in "SPORT";
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the "SPORT" takes place and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the "SPORT" takes place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in "SPORT", other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20__.

| |
|---------------------------|
| Witness |
| |
| Please print name clearly |

| |
|--|
| Signature of Participant |
| Signature of Guardian if Participant is under age of majority |
| Please print name clearly |



Media Release

I have been informed and understand that **Role** is active on social media and that from time to time, my name, likeness, image, voice, appearance and/or performance may be recorded and made a part of that production ("Product").

I grant **Role** and its designees the right to use my name, likeness, image, voice, appearance, and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product in whole or part as **Role** may elect. **Role** or its designee shall have complete ownership of the Product in which I appear, including copyright interests.

I also grant **Role** and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theatre, closed-circuit exhibition, home video distribution, Internet or any other purpose that **Role** or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses. I also understand that **Role** will share with me a copy of the media that is produced as long as I am in it and it will be solely for personal use.

I confirm that I have the right to enter into this agreement, that I am not restricted by any commitments to third parties, and that **Role** has no financial commitment or obligations to me as a result of this agreement. I hereby give all clearances, copyright and otherwise, for use of my name likeness, image, voice, appearance and performance embodied in the Product. I expressly release and indemnify **Role** and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted **Role** herein are perpetual and worldwide.

I give my 100% consent to **Role** to post my image online, social media platforms, and its various forms of media advertising.

I give my consent to **Role** to take videos and pictures for corrective training purposes **ONLY**.

I **do not** give consent to **Role** to take photos and videos of me of any kind.

Name: _____ Signature: _____

* For players under the age of 18

Parent/Guardian Name and Signature: _____

Date: _____



Parental Consent

* For people under the age of 18

I, the minor's parent and /or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, promise not to sue, and AGREE TO INDEMNITY AND SAVE AND HOLD HARMLESS each of the RELEASES from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the RELEASES or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASES, I WILL INDEMNITY, SAVE AND HOLD HARMLESS each of the RELEASES from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASES may incur as the result of any such claim.

The signatures on the following document binds the signee(s) to all consents, releases and waivers as spelled out on the previous forms.

All video, images, and products are property of **Role**. All rights reserved.

I have read this **RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** and have also read the **MEDIA RELEASE FORM**. I understand that I have given up substantial rights by signing and have signed freely and without any inducement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name: _____

Relationship to Person: _____

Home Phone: _____ Work Phone: _____

