CWPA Collegiate Club Equipment Release Form

Scan and email to office@collegiatewaterpolo.org
or fax to 610-277-7382 at least 48 hours before competition

Date: ____________  We, the undersigned, do acknowledge that:

_________________________  ________________________________
Name of Player            Institution

of the Collegiate Water Polo Association

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

____  prescribed clear protective sports eyewear of the type designed to withstand impact and decrease
the likelihood of injury to the eye

____  other similar device (provide description):

____________________________________________________________________________________

The National Collegiate Athletic Association, the Collegiate Water Polo Association (CWPA), and the
referees have informed the athlete, parents, and the university sports medicine staff of NCAA Water Polo
Rule 2-4.4 which states that a player shall remove any article likely to cause injury, including, but not
limited to, the following: jewelry, watches, swim goggles and sharp fingernails or toenails. The referees
shall order the removal of any item they consider likely to cause injury, either to the player wearing the
item or to the opposing players in the game. Rules 2-4.5 further clarifies a player will be permitted to wear
prescription goggle of the type designed specifically for contact sports to withstand impact and to decrease
the likelihood of injury to the eye, a protective plastic face mask prescribed by a physician that closely
adheres to the upper face, a plastic protective nose guard and other similar protective devices designed to
prevent injury prescribed by a physician if the institution has written approval from the CWPA
Commissioner or Assistant Commissioner. We the undersigned do acknowledge the possible risks
associated with wearing this article and understand that it could possibly cause further injury to the athlete
or to an opposing player. We release the National Collegiate Athletic Association, the conference and its
officials (referees) from any liability in connection with the use of this article and we do assume any
liability arising from the use of this article.

<table>
<thead>
<tr>
<th>Signature of Athlete</th>
<th>Date</th>
<th>Signature of Parent if athlete minor</th>
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</thead>
<tbody>
<tr>
<td>Print Name of Athlete</td>
<td>Date</td>
<td>Print Name of Parent</td>
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</tbody>
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Trainer/physician reviewing the device to ensure it is not likely to cause injury:

<table>
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<tr>
<th>Signature</th>
<th>( )</th>
<th>Fax No.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print name</td>
<td>Title</td>
<td>Date</td>
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</table>

Conference Office  Fax No. 610-277-7382  Email: office@collegiatewaterpolo.org

Approval: ____________________________ ____________________________
Commissioner/Asst. Commissioner  Date

Athlete must be prepared to show this form to referees before each game.