



## VICTORIA AND DISTRICT CRICKET ASSOCIATION (VDCA)

### 2026 MEMBER REGISTRATION, WAIVER & RELEASE

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

#### 1. MEMBER INFORMATION

Full Legal Name:

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Designated Club:

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**Age Declaration (required):**

- I am under 19 years of age (*parent / legal guardian signature required below*)  
 I am 19 years of age or older

#### 2. EVENT DESCRIPTION

This registration and waiver applies to all leagues, competitions, matches, practices, training sessions, and events organized or sanctioned by the **Victoria & District Cricket Association (VDCA)** during the 2026 season (the "Event").

#### 3. WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of being accepted as a member of the VDCA and permitted to participate in the Event, I, for myself and my heirs, executors, administrators, and assigns, **WAIVE ANY AND ALL CLAIMS** and **RELEASE AND DISCHARGE** the VDCA and its directors, officers, clubs, volunteers, officials, umpires, sponsors, representatives, agents, employees, and all other persons or organizations associated with the Event (collectively, the "Releasees") from **any and all liability** for injury, illness, death, or property damage arising from my participation in the Event, **INCLUDING NEGLIGENCE**, omission, recklessness, or breach of duty of care.

I acknowledge that cricket involves **inherent risks**, including but not limited to physical contact, impact from balls or equipment, uneven playing surfaces, weather conditions, and the actions of other participants or spectators. I **freely and voluntarily assume all such risks**.

I confirm that I am physically fit to participate and understand that participation may, in some circumstances, result in serious injury.

#### 4. INSURANCE ACKNOWLEDGEMENTS

- I understand that the VDCA maintains **limited sport liability insurance**, subject to policy terms, conditions, exclusions, and limits, and that such insurance **does not replace my own personal medical coverage**.
- I confirm that I am responsible for maintaining valid **Medical Services Plan (MSP)** coverage or equivalent private medical insurance.
- I acknowledge that **cricket-related damage to vehicles or personal property**, including those belonging to players, officials, volunteers, or spectators, **is not covered** by VDCA insurance.

#### 5. CODE OF CONDUCT & ELIGIBILITY

- I agree to comply with the VDCA Code of Conduct and acknowledge that I am subject to VDCA disciplinary procedures.
- I understand that my registration may be rejected or revoked for reasons including suspension, disciplinary history, or non-compliance with VDCA Bylaws or Playing Conditions.
- I acknowledge that I have been advised to seek independent legal advice before signing this document.

## 6. CLUB RESPONSIBILITY FOR EMERGENCY MANAGEMENT

The VDCA intentionally limits the collection of personal information in accordance with privacy legislation. Accordingly:

- The **VDCA does not collect emergency contact or medical information**; and
- The **designated club** is responsible for maintaining emergency contact information for its members and for responding to and managing on-site incidents and emergencies, including contacting emergency services and family members where required.

By signing this form, I acknowledge and accept this allocation of responsibility.

## 7. PRIVACY NOTICE & CONSENT (BC PIPA)

The VDCA collects **only the minimum personal information necessary** to administer membership, league operations, governance, discipline, insurance, and legal compliance.

Personal information may be used and disclosed only for these purposes and only to:

- VDCA directors and authorized officers;
- a member's designated club where reasonably necessary;
- insurers, governing bodies, or authorities where required by law.

Personal information is stored securely, including in electronic form using **Google Workspace**, with access restricted to authorized individuals only, and is retained only as long as reasonably necessary or as required by law.

The **VDCA Privacy Officer is elected or appointed annually at the VDCA Annual General Meeting (AGM)**.

Questions regarding the collection, use, or disclosure of personal information may be directed to the Privacy Officer at: **privacy@vdca.ca**

By signing below, I consent to the collection, use, and disclosure of my personal information as described above.

## 8. SIGNATURES

I confirm that I have read, understood, and agree to this registration, waiver, release, and privacy consent.

**Signed at (City):** \_\_\_\_\_ **Province:** British Columbia **Date:** \_\_\_\_\_

### PLAYING MEMBER

**Name (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WITNESS (CLUB REPRESENTATIVE)

**Name (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT / LEGAL GUARDIAN

*(Required if Member is under 19 years of age)*

**Name (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Completion of the VDCA online membership registration form and payment of the applicable membership fee are also required for eligibility.