

2009 Smoky Mountain 7's U-19 Championship Player Participation Agreement

Player's Name _____

Player's Address _____

School / Club Name: _____

CONSENT

I (we) do hereby state that I am/we are the natural parent(s)/Legal guardian(s) having legal custody of the above named participant who resides with me/us at the above address.

In connection with my/our child's participation on the Knoxville Rugby Club, Inc., I/we authorize any Knoxville Rugby Club, Inc. officer, director, agent or member to consent to immediate medical and/or ambulatory care to be rendered to my/our child by a licensed trainer, paramedic, physician, or surgeon when the need for such treatment is immediate. I/we further hereby authorize any accompanying adult bringing my/our child to your treatment facility to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to my/our child under the general or special supervision and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate, and when efforts to contact me/us have been unsuccessful. I/we understand that I/we assume all liabilities and expenses for the above. I/we waive all claims against Knoxville Rugby Club, Inc. its officers, directors, agents, members, accompanying adults, physicians, hospitals and their employees, paramedics, and ambulatory care in connection with the decisions for such immediate care.

BELOW, PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS

Include any orthopedic injuries, allergies, breathing or heart conditions, head injuries or concussions, seizures, special equipment, surgeries and any other conditions or concerns that the coaches and/or officials should know about. Use back of this form if needed, but explain in detail.

WAIVER OF LIABILITY (for all participants)

By signing below, I acknowledge that participation in athletic events necessarily involves certain hazards and the risk of injury. I acknowledge that rugby is a contact sport and certain hazards do prevail. I further acknowledge that the tournament of the Knoxville Rugby Club, Inc. is primarily administered by volunteers rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its tournament, I hereby release, discharge, and hold harmless Knoxville Rugby Club, Inc., its volunteers officers, directors, agents or members, and other rugby clubs, rugby unions, leagues, or organizations which may be associated with this tournament from any claims arising out of or relating to any physical injury or property damage that may result while participating in this tournament.

Player Signature & Date

PARENTAL ACKNOWLEDGMENT (if Under 18)

The parent/guardian certifies that my son/daughter has my permission to participate in rugby events. The parent/guardian has read and understands the WAIVER OF LIABILITY and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian has read and understands the CONSENT, and I further certify that my son/daughter is in good physical condition and is able to safely participate in the sport of rugby. I hereby authorize medical treatment for him/her as fully described in the CONSENT.

Parent / Guardian Signature & Date
(Also serves as emergency contact)

Parent / Guardian Printed Name

Phone Number