



## PARENTAL PERMISSION WAIVER AND RELEASE

Players Name: \_\_\_\_\_ (The "Player")

1. Player, and his custodial parent(s) and/or legal guardian(s) (together referred to as the "Undersigned") hereby consent to Player's participation with the North East Wisconsin Youth Rugby Corp. The Undersigned understand and agree that participation includes, but is not limited to, practice sessions, games, functions, parties, fundraising, and the like, and transportation to and from these activities. The Undersigned further understand and agree that transportation will usually be via private automobile and that drivers will include adults, other players, and students. The Undersigned understand that some drivers may be underinsured or uninsured and the Undersigned agree to supplement their insurance to provide for sufficient underinsured or uninsured coverage to compensate for any losses resulting from injury or death in connection with a transportation mishap and the Undersigned otherwise waive claims against any North East Wisconsin Youth Rugby Corp. coach and/or staff and against Wisconsin Rugby Football Union officials and administrators.
2. The Undersigned understand and agree that the team is not sponsored by any area high school nor the area school districts, and as such, these institutions and their administrators and officials are not responsible or liable for injury, sickness, disability, paralysis or death that may result from Player's participation with the team and all claims against said entities are waived.
3. The Undersigned understand that there are no salaried coaches or administrators assisting the team. All of those who help are volunteers.
4. The Undersigned understand that rugby is an exciting, rough, physical contact sport and that as with all sports the possibility of injury, be it serious or minor, always exists. The Undersigned hereby agree that they will not hold the Team coaching staff and Wisconsin Rugby Union and its officials and administrators responsible for injury, sickness, disability, paralysis or death that may result from participation with the Team and all claims arising from such participation are waived.

**RELEASE AND WAIVER OF LIABILITY: IN CONSIDERATION OF PLAYER'S RIGHT TO PARTICIPATE, THE UNDERSIGNED HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the coaches, officials, and/or administrators of the Team, North East Youth Rugby Corp., Wisconsin Rugby Union area high schools, school districts, municipal Park Departments and sponsors and workers. THE UNDERSIGNED AGREE THAT THIS RELEASE IS BINDING AND EFFECTIVE AS TO THEMSELVES AS WELL AS TO THEIR PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN AND THAT IT APPLIES TO ANY AND ALL LOSS OR DAMAGE CLAIMED ON ACCOUNT INJURY, DISABILITY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE ABOVE REFERRED ENTITIES, ORGANIZATIONS OR INDIVIDUALS OR OTHERWISE.**

The Undersigned understand by signing this release they are giving up substantial rights they would otherwise have to recover damages for losses and they agree that they are doing so voluntarily and without inducement, threat, or duress. The Undersigned agree that they have had the opportunity to seek legal advice and have either done so or voluntarily elected no to and waive this opportunity.

5. The Undersigned understand that there may not be a medical physician or trainer at the Teams games or practice sessions.

6. The Undersigned understand and agree to be solely responsible for the following:

- a) To see that Player has a physical to determine that he is able and fit to play rugby;
- b) To see that Player has appropriate medical insurance;
- c) To see that Player wears a mouthpiece during ALL practices and games;
- d) To see that Player abides by all rules and instructions;
- e) To see that Player avoids the use of alcohol, tobacco, and/or controlled substance without proper prescription; and
- f) To see that Player keeps his personal life clean and in accordance with laws and regulations

7. The Undersigned understand and agree to accept all responsibility, including medical and financial, for participation. The Undersigned understands that each player must play in a regulation jersey(provided for use by the team), socks, shorts and approved shoes.

**Other requirements outline for the 2014 Pulaski Rugby Team:**

- Pay dues of \$100.00.
- Secure a sponsor for the 2014 hoodie.
- Sell 12 raffle tickets.
- Sign the Code of Conduct.
- Participate as a volunteer at the 2014 Polar Plunge on February 22<sup>nd</sup> @ 2pm.
- Participate in the team rummage sale on Saturday, April 12<sup>th</sup>.
- Come to practices: Monday’s, Wednesday’s and Friday’s.
- CIPP yourself at USARUGBY.ORG.
- Complete all forms under the FORM tab on the website.

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR**

I (We), \_\_\_\_\_

of the city: \_\_\_\_\_ and county of: \_\_\_\_\_,

Wisconsin, do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of: \_\_\_\_\_ a minor,

age \_\_\_\_\_, born \_\_\_\_\_, 19 \_\_\_\_\_ who resides with me at (list address) :

\_\_\_\_\_  
\_\_\_\_\_

In connection with my (our) child’s participation in the North East Wisconsin Youth Rugby program, I (we) authorize any accompanying adult bringing in my(our) child to your treatment facility to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment , and hospital care to be rendered to the minor 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) are unsuccessful.

I (we) understand that I (we) assume all liabilities and expenses to the above. I (we) waive all claims against the above referred to adult, physicians, hospitals and their employees, ambulatory care, etc. in connection with the decisions for such immediate care.

To contact \_\_\_\_\_ call ( \_\_\_\_ ) \_\_\_\_\_

To contact \_\_\_\_\_ call ( \_\_\_\_ ) \_\_\_\_\_

Child's allergies, if any: \_\_\_\_\_

\_\_\_\_\_

Medicines child is taking: \_\_\_\_\_

\_\_\_\_\_

Pre-Existing Conditions or Injuries: \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

(X) \_\_\_\_\_ Date: \_\_\_\_\_

(X) \_\_\_\_\_ Date: \_\_\_\_\_