

WI Rugby Selects Waiver

Player Eligibility & Requirements to play in Colorado

- Players must be a freshman, sophomore, junior or senior in high school to try out for the team.
- Players must be registered with and playing for a club in Wisconsin to try out.
- Players must have parental permission & medical release forms completed to try out.
- Players must have at least \$100,000 of their own medical insurance coverage.
- Selected players must be registered with USArugby.org. (Go to www.usarugby.org to register online.)
- Selected players must be available to travel to Denver from Thursday, June 15th – Monday, June 19th.
- Selected players must have an email address they have access to each day to maintain info.
- Selected players fees will be \$750.00/player. There is a raffle ticket sale to offset the player fees. Payments can be made by check to 1621 Greenfield Ave., Green Bay, WI 54313.
- Selected players will be provided 130 raffle tickets (\$5 each) to sell to help cover the costs.

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me being allowed to participate in any way in the Wisconsin U20/U18 Select Rugby activities, I agree:

1. I understand dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Wisconsin U-19/17 Select Side Rugby activities. I understand the nature of the Wisconsin U-19/17 Select Side Rugby activities and acknowledge my experience and capabilities and believe I am qualified to participate in such activities. I further acknowledge that I am aware that the activities will be conducted in facilities open to the public during the activities. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the activities.

2. I fully understand that: (a) Wisconsin U-19/17 Select Side Rugby activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death, ("Risks"); (b) these Risks may be present in the activities or due to the negligence of the releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL

RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the activities.

3. I hereby release, discharge, covenant not to sue and agree to hold harmless the Wisconsin Rugby Football Union, Wisconsin U-19/17 Select Side management, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on

which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

4. I affirm that I have a personal medical insurance policy with limits of a minimum of \$100,000.

YES NO

I understand that I am ineligible to play and that I have an affirmative responsibility to withdraw from competition if said policy is not presently in good standing.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant

Signed name of participant Date

If participant is less than 18 years of age, a signature of parent or legal guardian is required.

Printed name of parent/guardian

Signed name of participant/guardian Date

In connection with my (our) child's participation in the Team WI Rugby program, I (we) authorize and accompanying adult bringing in my (our) child/children to your treatment facility to consent to any x-ray, exam, anesthetic, medical or surgical diagnosis or treatment, and hospital care to 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.

I (we) understand that I (we) assume all liabilities and expenses for medical treatment. 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.

Emergency Contacts:

Name/Phone:

Name/Phone:

Child's allergies, if any:

Medicines child is taking, if any:

Pre-existing conditions or injuries, if any:

Insurance company: Policy #:

Name of policy holder:

Authorization to consent to medical treatment for minor

I (insert name)

do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of (name)

a minor, age _____ born , _____ 19____