

USA RUGBY RELEASE OF LIABILITY

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE THE RELEASED PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

This Participation Agreement and Waiver and Release of Liability is entered into by the undersigned "Participant" in favor of USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, (hereinafter referred to as "USA Rugby" or collectively as the "Released Parties").

I understand that participation in USA Rugby activities is a privilege but not a right. In consideration for the privilege of participation in USA Rugby activities, I and my Parent/Guardian, if applicable, acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO ME**. I believe I am qualified to participate in the Activities, and if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activities _____ INITIAL HERE
2. Participation in Activities exposes me to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by my own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASED PARTIES."** There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. _____ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. _____ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of my participation in the Activities, I hereby **RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASED PARTIES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107 if I am a Minor, suffered by me and incurred on my account with respect to my personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from my participation in Activities, as caused or alleged to be caused in whole or in part by the Released Parties or any of them, and further agree that if, despite this Release, I or any other person makes a claim on my behalf against any of the Released Parties, unless, and to the extent, prohibited by law, **I AND MY PARENT/GUARDIAN, IF APPLICABLE, WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY ME, MY PARENT/GUARDIAN, IF APPLICABLE, OR ANOTHER PERSON.** _____ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. _____ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. _____ INITIAL HERE

I HEREBY CERTIFY THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT, THAT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASED PARTIES. THIS RELEASE SHALL BE EFFECTIVE AND BINDING UPON ME. I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT OR GUARDIAN HAS SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.

Participant Signature _____ Printed Name _____ Date _____

Witness _____ Printed Name _____ Date _____

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE RELEASE AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. IN CONSIDERATION FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN ACTIVITIES, I HEREBY CONSENT TO THE FOREGOING ON BEHALF OF MY CHILD/WARD AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON ME, MY CHILD/WARD, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS.

Parent/Guardian Signature Printed Name Date

Witness Printed Name Date

USA RUGBY RULES ACKNOWLEDGEMENT

1. I understand and agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding my eligibility or right to participate in, USA Rugby-sponsored and USA Rugby-sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby website (www.usarugby.org).
2. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
3. I am aware that USA Rugby has the right to revoke my membership registration and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

I HAVE READ THIS ACKNOWLEDGMENT AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATION IN USA RUGBY ACTIVITIES, I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT/ GUARDIAN HAS SIGNED THIS FORM IN THE SECTION BELOW.

Participant Signature Printed Name Date

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.

PROVIDE NAME OF MINOR:

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

*****PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB*****

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request.

For more information about USA Rugby's Liability Insurance protection, please visit: www.usarugby.org.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR
2015 GREAT NORTHWEST CHALLENGE**

I (we), _____ of the city of _____ state of _____, do hereby state that I am (we are) the natural parent(s) (legal guardian(s)) having legal custody of _____, a minor, born _____ and who resides with me (us) at _____.

In connection with my (our) child's participation in the 2014 Great Northwest Challenge Regional All Star Rugby tournament, I (we) hereby grant permission for any and all emergency/medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any Rugby activities associated with the Great Northwest Challenge.

If an emergency requiring medical attention occurs, I grant permission to a physician or other hospital or emergency personnel to attend to my child/participant. I do authorize the diagnosis, treatment and or hospital care of my child in the event of an accident, injury, sickness, etc. I hereby assume the responsibility for payment of any such treatment. In the event of an injury to the participant, I expect that reasonable effort will be made to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

Parent/Guardian Work Phone: _____ Parent/Guardian 2 Work Phone: _____

Parent/Guardian Home Phone: _____ Parent/Guardian 2 Home Phone: _____

Parent/Guardian Mobile Phone: _____ Parent/Guardian 2 Mobile Phone: _____

Other Phone: _____ Medical Insurance Company: _____

Primary Physician: _____ Medical Insurance Policy #: _____

Physician Phone: _____ Policyholder Name: _____

Important health information (allergic reaction, medications, previous conditions, previous illness, injury or surgeries, etc.): _____

History of Concussions (if yes, include number, date(s) of occurrence, who treated and length of recovery): _____

Custodial Parent/Legal Guardian Signature Date

Custodial Parent/Legal Guardian Signature Date

****Non-minors and emancipated minors must still fill out this form and sign for themselves.
You must return signed form to your Coach and/or Team Manager.**



Event Media Release Agreement

I hereby authorize and give my full consent to Rugby Oregon and/or USA RUGBY to copyright and/or publish any and all photographs, videotapes, film, web casts/podcasts, and any other form of visual/audio communications in which I appear (separately or together) while attending the Great Northwest Challenge Regional Cup Tournament. I further agree that Rugby Oregon and/or USA Rugby may transfer, use or cause to be used, these above mentioned communications for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Team Name	Gender	Division (Grades 7/8, JV, Varsity)
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Player Signature	Player Printed Name	Date
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Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
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****Note:** All players under the age of 18 must have player and parent signatures.