

Clayton Rugby Football Club Summer Touch Rugby
Official Individual Athlete Form & Waiver
Submit an entry form & waiver for each individual athlete. Make copies if needed

Athlete Information: _____
First Last Middle

Home Address: _____
Street City State/Zip

Contact Phone: _____ Email: _____
Home Cell

Date of Birth: _____

Emergency Contact: _____
Name Contact Phone

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participation in the Clayton RFC Summer Touch Rugby Program and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

- I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:
 - To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Tournaments;
 - Participating or assisting other in participating in the Tournament may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premises or of any equipment used;
 - There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,
- I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
 - USA Rugby, Carolinas Geographic Union, Clayton Rugby Football Club, Town of Clayton Parks & Recreation, Town of Clayton, or any of its affiliates, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
 - Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring school counties, municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
 - Owners, lessors and lessees of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, and OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Tournament.
- I AGREE THAT:
 - Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Tournament of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
 - I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), television, radio or film coverage of the Tournament, WITHOUT COMPENSATION.
- I CONSENT TO:
 - ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Tournament. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Athlete (Print)

Signature of Athlete (if at least 18 years of age)

Date

Name of Parent/Legal Guardian if Athlete is a Minor

Signature of Parent/Guardian, Individually and in the Capacity as Parent/Legal Guardian if Athlete is under 18 years of age

Date