

WEST HARTFORD BLACK HEARTS YOUTH RUGBY CLUB - 2024

WAIVER OF LIABILITY AND ELIGIBILITY PLEASE PRINT CLEARLY!



NAME _____ D/O/B _____

ADDRESS _____

HIGH SCHOOL _____ GRADE _____

PLAYER PHONE _____ PLAYER E-MAIL _____

PARENT PHONE: _____ PARENT E-MAIL _____

The undersigned states:

1. To the best of my knowledge and belief, I am eligible under USA Rugby Guidelines (CIPP Registered) to participate in this club.
2. To the best of my knowledge and belief, I am eligible to participate in the above club under all applicable local area union or territorial guidelines and school guidelines.
3. I agree to inform the coaches and administrators immediately if my eligibility changes throughout the course of the season.
4. I agree to abide by all rules and regulations applicable to the club imposed by the International Rugby Board, USA Rugby, the governing territory, the governing local area union and local host.
5. I am representing the West Hartford Black Hearts Youth Rugby Club and will conduct myself in an appropriate manner
6. I am aware that I may lose my eligibility to compete for the West Hartford Black Hearts Youth Rugby Club in the event of any violation of the above specified statements
7. I specifically state that I possess medical insurance coverage.
8. I am aware participation in the above risks injury, permanent disability, social and economic loss, and even death. This risk may arise as a result of my own actions or inactions, or may arise from the actions or inactions of others, or may arise from the rules of the camp, condition of the premises, and/or equipment used by the club.
9. I release, waive, discharge, and covenant not to sue USA Rugby, its Territorial and Local Area Union, Referee Associations, affiliated Clubs, their respective administrators, directors, agents, coaches, referees and employees of the organizations, other sponsoring agencies, sponsors, advertisers, and if applicable owners and lease's of premises to conduct the club, all of which hereinafter, referred to as, releases from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or part by negligence of the release or otherwise.

I assume all of these risks and accept personal responsibility for all losses, which may come from any of these risks

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

PARENT NAME (PRINT) _____

PARENT SIGNATURE: _____ DATE: _____