



WESTSIDE BULLS REGISTRATION FORM

Player Name _____ D.O.B. _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

School Name _____ Grade _____

WAIVER AND MEDICAL RELEASE

I, as parent or guardian with legal responsibility for _____
(the minor "Participant"), desire to have the Participant voluntarily participate with the MRC Athletic Association dba Westside Bulls Athletics (all collectively referred to herein as the "Team"), realizing that injuries and accidents sometimes occur. **I, on behalf of the Participant, Participant's parents and family, and all of the Participants agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the "Waiving Parties"), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless the Team, and its present and future officers, directors, partners, members, managers and coaches (all collectively referred to herein as the "Releasees") from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment, or expense whatsoever**



(including reasonable attorney fees and court costs), whether known or unknown, accrued or contingent, that the above noted Participant may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation with the Team, including all claims arising out of negligence or gross negligence of Releasees. I further authorize Releasees to obtain emergency medical treatment for Participant, including, if necessary, surgical procedures, if Participant is injured while participating with the Team and, after reasonable attempt under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances. I hereby grant the Team full permission to use for publicity and advertising purposes, any photographs taken while participating with the Team. With my signature below, I expressly declare that I have carefully read the WAIVER AND MEDICAL RELEASE and fully agree to its contents and meaning. I have no knowledge of any physical impairment that would be affected by the Participant's participation with the Team other than: _____

Parent or Guardian

Signature: _____ Date: _____

Printed Name: _____

Emergency Phone Number: _____

SUBMIT FORM

CLEAR FORM