



# 2022-2024 South Carolina High School Blitz Consent, Medical, and Release Form

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
Participant's Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_

## MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First  
Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Name of Family Doctor \_\_\_\_\_  
Name of Dentist \_\_\_\_\_

Backup Contact  
Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Office Phone \_\_\_\_\_  
Office Phone \_\_\_\_\_

## INSURANCE POLICY INFORMATION

Does the participant have insurance coverage: Yes \_\_\_ No \_\_\_?

**\* If no, initial this line stating that you do not have health insurance and are aware that SC High School Blitz does not carry any health insurance for you. If yes, provide the following information:**

Policy Holder's (P.H) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
P.H.'s Employer's Name/Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_



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Parental/Guardian Permission and Waiver    Participant Name: \_\_\_\_\_

1. PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in South Carolina High School Blitz events and activities. I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.
2. INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify South Carolina High School Blitz and agree to hold harmless the coaches, all organizers, sponsors, supervisors, and participants, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. EMERGENCY MEDICAL AUTHORIZATION: I hereby grant my 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 and South Carolina High School Blitz all activities. I am aware that with football related activities and events, the risk of concussions may occur and am aware of these risks and understand the potential consequences and effects that may occur and am willing to assume all risk in order to participate in South Carolina High School Blitz events and games.
4. THE NOVEL CORONAVIRUS (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. South Carolina High School Blitz cannot completely mitigate the transfer of communicable diseases like COVID-19, especially when involved in a sport such as football. Participation in a South Carolina High School Blitz event includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19. In consideration for providing my child the opportunity to participate in an event/game and any related transportation to and from activities, both my child and I voluntarily agree to waive and discharge any and all claims against South Carolina High School Blitz and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the South Carolina High School Blitz or its coaches, all organizers, sponsors, supervisors, and participants to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.



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5. **INSURANCE DISCLOSURE:** I am aware that South Carolina High School Blitz **carries general liability insurance which is considered secondary or excess for medical purposes** to all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in directly in writing South Carolina High School Blitz of any medical claim as a result of participation in South Carolina High School Blitz activities or events as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.
6. **FINANCIAL RESPONSIBILITY:** I understand that any fee(s) paid to South Carolina High School Blitz are non-refundable and non-negotiable. I understand that I am responsible for paying all fees related to any payments that I have made to South Carolina High School Blitz that are returned by the bank/credit card company or declined due to insufficient funds within 30 days of the transaction.

I understand that South Carolina High School Blitz helmets, shoulder pads, and uniform pants must be returned to the coaches or staff of Blitz at the end of the game. I understand that failure to return these items will result in assuming the financial responsibility of replacing these items at full price. I understand that South Carolina High School Blitz reserves the right to take legal actions against me, my child, our estates, our heirs, or our administrators to reclaim any financial lost.

7. **COMMUNICATION AND PROMOTIONAL CONSENT:** As a condition to my child's participation, I Hereby consent to receive communications via email and mail from South Carolina High School Blitz and its partners. I understand that South Carolina High School Blitz does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to South Carolina High School Blitz. Furthermore, I hereby grant to South Carolina High School Blitz absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in South Carolina High School Blitz event throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to South Carolina High School Blitz, I hereby and forever waive any interest in or claim to such benefits and acknowledge that South Carolina High School Blitz is under no obligation to exercise any rights granted herein.
8. **ADULT CODE OF CONDUCT:** In order to uphold the goals of South Carolina High School Blitz and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of South Carolina High School Blitz including but not limited to practices, competitions, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a South Carolina High School Blitz event and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or



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profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave South Carolina High School Blitz

9. RULES & REGULATIONS – In consideration of participation in South Carolina High School Blitz activities and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

***\*\*\*Signatures must be original. Typed, stamped, or electronic signatures are not accepted and will be returned. Students will not be permitted to participate without a valid parent/guardian signature.***

\_\_\_\_\_  
Print Name – Parent/ Guardian

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date