

**WEST HARTFORD BLACK HEARTS SUMMER RUGBY CAMP - 2024**

**WAIVER OF LIABILITY PLEASE PRINT CLEARLY !**



**DIRECTIONS:** Print, Complete, Bring to first day of camp (July 15)

CHILD NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_

The undersigned states:

1. I specifically state that I possess medical insurance coverage.
2. 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.
3. 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**

PARENT NAME  
(PRINT) \_\_\_\_\_

PARENT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_