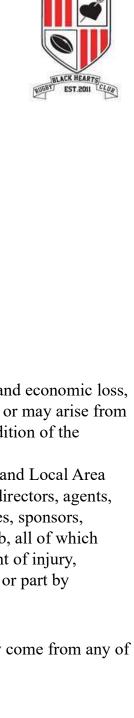
WEST HARTFORD BLACK HEARTS SUMMER RUGBY CAMP - 2025

WAIVER OF LIABILITY PLEASE PRINT CLEARLY!



DIRECT	IONS: Print, Complete,	Bring to first day of camp (July 21)	BLACK HEARTS
CHILD N	NAME	AGE	E33.E31
ADDRES	SS		-
SCHOOL		GRADE	-
PARENT NAME			
PARENT PHONE:PARENT E-MAIL			
 I specifically state that I possess medical insurance coverage. 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. 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 these ris		cept personal responsibility for all losses, which ma	y come from any of
	Γ NAME)		
PARENT SIGNAT		DATE:	