



2016-17

SLO Youth Rugby Club

PERMISSION TO PARTICIPATE, RELEASE, INDEMNITY and AUTHORIZATION FOR EMERGENCY MEDICAL AND DENTAL TREATMENT

PERMISSION

The undersigned parent(s) or legal guardian(s) of _____, hereby grants permission for him/her to participate in the sport of rugby, and related activities, with SAN LUIS OBISPO RUGBY FOOTBALL CLUB INC. dba San Luis Obispo Youth Rugby. In granting this consent, the undersigned understands and acknowledges the physical nature of the sport of rugby and the risks inherent in such physical activity. The undersigned acknowledge that it has been recommended to them that they obtain medical clearance prior to him/her participating in the sport of rugby with San Luis Obispo Youth Rugby.

RELEASE AND INDEMNITY

In consideration for the above player being permitted to participate in the activity specified above, the undersigned agrees to not make or join in a claim or civil suit for injury, death or property damage against SAN LUIS OBISPO RUGBY FOOTBALL CLUB INC. dba. San Luis Obispo Youth Rugby, the Southern California Rugby Football Union and its constituent bodies, the Southern California Referees Society and all affiliated entities, including without limitation, their respective administrators, Board of Directors, Staff, or volunteers, participating in the above activity and claims and demands the undersigned or the player may hereafter have the injury, death or property damage, as consistent with public policy, arising out of participation in the activity specified above.

Further, in a claim or civil suit is made or brought against SAN LUIS OBISPO RUGBY FOOTBALL CLUB INC. dba San Luis Obispo Youth Rugby, the Southern California Rugby Football Union, and its constituent bodies, the Southern California Rugby Referees Society and all affiliated entities, including, without limitation, their respective administrators, Board Directors, staff, or volunteers as result of the actions of the above-named player for injury, death or property damage, the undersigned agrees to indemnify and hold harmless the aforementioned, including, without limitation, their administrators, staff or volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence or intentional misconduct of the above named player, whether such negligence is active or passive and whether individually or in concert with others.

AUTHORIZATION

The undersigned as parents or legal guardians of the above named minor player hereby authorize and grant to the supervising or a participating adult permission in the event of illness injury while participation the activity specified above the consent to the following: any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. Said, authorization is to include the release of any medical or dental records, to the attending physician, or dentist for review.

I also authorize my child's photo or likeness to be taken and used for promotional purposes by SAN LUIS OBISPO RUGBY FOOTBALL CLUB INC. dba San Luis Obispo Youth Rugby.

Date _____ Signature of Parent / Guardian _____

Please save a copy for your records and turn the signed copy into your rugby representative
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Date _____ Total Amount Paid _____ Check # _____