

**Ahwatukee 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 (Player name below), hereby grant(s) permission for him/her to participate in the sport of rugby, and related activities, with the Ahwatukee Rugby Club. 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.

**RELEASE AND INDEMNITY**

In consideration for the above player being permitted to participate in the activity specified above, the undersigned agree(s) to not make or join in a claim or civil suit for injury, death or property damage against Ahwatukee Rugby Club or Rugby Arizona or the Arizona Rugby Football Union and its constituent bodies, the Arizona Rugby Referees Society and all affiliated entities, including, without limitation, their respective administrators, staff or volunteers participating in the above activity and hereby release(s) those entities, including, without limitation, their respective administrators, staff or volunteers, from all actions, claims and demands the undersigned or the player may hereafter have for injury, death or property damage, as consistent with public policy, arising out of participation in the activity specified above. Further, if a claim or civil suit is made or brought against Ahwatukee Rugby Club or Rugby Arizona or the Arizona Rugby Football Union and its constituent bodies, the Arizona Rugby Referees Society and all affiliated entities, including, without limitation, their respective administrators, staff or volunteers as result of the actions of the above-named player for injury, death or property damage, the undersigned agree(s) 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 parent(s) or legal guardian(s) of the above named minor player hereby authorize and grant to the supervising or a participating adult permission in the event of illness or injury while participating the activity specified above to 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 provision of the Dental Practice Act. Said authorization to include the release of any medical or dental records to the attending physician or dentist for review.

**USE OF IMAGE OR LIKENESS**

I irrevocably authorize the Ahwatukee Rugby Club to use for any lawful purpose, photographs and/or pictures of my image or likeness to be used in any website, newsletter, and any other marketing literature to be viewed by the public sector. I waive any right I have to inspect, approve all advertising or copies that may be used in connection with the publication of our website, newsletter, and/or any other marketing literature that may be viewed by the public sector. I have read, and fully understand this Release. I certify that I am 18 years old or if under 18 the parent/guardian fully understands the Release of the photographs to be used in Ahwatukee Rugby Club or Rugby Arizona's website, newsletter, and any other marketing literature to be viewed by the public sector.

Name of Player: \_\_\_\_\_

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_