



Dexter Rugby Club Medical Waiver and Authorization

Player's Name (Registrant): _____

Gender: M F Birth date: _____

Parent's Name(s): _____

Address: _____

Phone Number: _____ Alternate Phone #: _____

Email Address: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

The undersigned parent or guardian of the Registrant, does hereby represent that he/she is, in fact, acting in such capacity and is authorized to sign this document, and recognizing the possibility of physical injury associated with and in consideration for Dexter Rugby Club practices, games and related activities, gives consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or associated personnel provide the Registrant with medical assistance and/or treatment, agrees to be financially responsible for the cost of such assistance and/or treatment, and authorizes emergency transportation of the Registrant to a medical treatment facility should any of the above personnel consider it to be warranted.

The undersigned parent or guardian, to the fullest extent permitted by law agrees to waive, release, discharge, and otherwise indemnify Dexter Rugby Club, its elected and appointed officials, employees, volunteers or agents, from any and all liability, for death, disability, personal injury, incurred by the Registrant and holds these organizations harmless for any and all liabilities or claims made by other individuals or entities as a result of, or relating to, the Registrant's attendance at or participation in any practice, game or any event occurring in Dexter Rugby related events or activities including such damages or incidents occurring during traveling to and from practices, games or any such event.

These terms and provisions apply to both the registrant and his or her parent(s) or guardian(s).

Signature: _____ Date: _____

Print Name: _____

Relationship to Participant: _____