

**CONSENT FOR MEDICAL TREATMENT AND VOLUNTARY RELEASE, ACKNOWLEDGMENT
AND ACCEPTANCE OF RISKS AND INDEMNITY AGREEMENT**

I, the undersigned parent or legal guardian of the named Participant, who is under 18 years of age, in consideration of the right to engage in this activity as a participant or spectator in athletic contests and related practices and activities (the "Activities"), sponsored by The Great Northwest Basketball League, Wisconsin State Invitational Championship Tournament, Wisconsin Independent Volleyball League, and Youth and Recreation Event Planning, Inc., hereby acknowledge, agree, promise and covenant with The Great Northwest Basketball League, Wisconsin State Invitational Championship Tournament, Wisconsin Independent Volleyball League, and Youth and Recreation Event Planning, Inc., its employees, independent contractors, successors in interest and assignees, the associations, coaches, teams, individuals or schools sponsoring or hosting meets, tournaments and other events, the owner and manager of facilities used, and all of their agents, volunteers, employees and promoters, other participants, officials, and advertisers (hereinafter collectively referred to as "Sponsors"), and on behalf of myself, the Participant, our heirs, assigns, personal representatives and estate as follows:

CONSENT TO PARTICIPATE

I CONSENT to the Participant's voluntary participation in the Activities. I give permission for the Participant to engage in activities that include but are in no way limited to playing or watching basketball games and volleyball matches, participating in related practices, and traveling to and from the sites where athletic events organized by the Sponsors are held.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I UNDERSTAND AND ACKNOWLEDGE that the Activities bear certain anticipated and unanticipated risks which could result in INJURY, DEATH, ILLNESS, DISEASE, OR PHYSICAL OR MENTAL DAMAGE to the Participant, property, spectators or Sponsors, or claims against me by spectators or third parties. I expressly agree to accept and assume all responsibility and risks arising from the Participant's participation in the Activities. The Participant's participation in this activity is purely voluntary; no one is forcing the Participant to participate in spite of the known and unknown risks.

RELEASE

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE the Sponsors and all other persons or entities affiliated with them, from any and all liability, claims, demands, actions or right of action, which are related to, arise out of or are in any way connected with the Participant's participation in the Activities, including but not specifically limited to any and all negligence, fault or strict liability of Sponsors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to the Participant or to any property.

I AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY the Sponsors and all other persons or entities affiliated with them from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which the Participant may negligently or intentionally cause to spectators or third parties in the course of the Participant's participation in the Activities.

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

I UNDERSTAND AND ACKNOWLEDGE that by signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Sponsors and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, fault, negligence in any degree of Sponsors, its agents or employees, and all other persons or entities.

I UNDERSTAND AND ACKNOWLEDGE that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS

I UNDERSTAND AND ACKNOWLEDGE that no medical insurance benefits will be provided to the Participant during the Activities. I CERTIFY that the Participant has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which I may incur and to cover bodily injury or property damage caused to a third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I FURTHER ACKNOWLEDGE that the Participant is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT

I HEREBY give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of Participant.

CONCUSSION LAW AGREEMENT

I UNDERSTAND AND ACKNOWLEDGE, as a Parent or Legal Guardian and as a Participant, it is important to recognize the signs, symptoms and behaviors of concussions. By signing this form I am stating that I understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. ***This form must be completed for every sports season and for every youth athletic organization the Participant is involved with.***

I HAVE READ the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that the Participant must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me and that the Participant cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of the Participant returning to practice/play too soon.

If I am a COACH of a team, I have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected. I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider. I understand the possible consequences of an athlete returning to practice/play too soon.

AGREEMENT

I UNDERSTAND that this is the entire Agreement between the undersigned and Sponsor, its agents and employees, and that it cannot be modified or changed in any way by the representations or statements of Sponsors or any volunteer, employee or agent of Sponsors, or by the undersigned. This Agreement shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to Youth and Recreation Event Planning, Inc., PO Box 506, Hudson WI 54016, fax (715-386-4319), phone (715-386-4317).

MY SIGNATURE BELOW, INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: _____

PARTICIPANT'S DATE OF BIRTH (MM/DD/YY): _____

TEAM/COMMUNITY FOR WHICH PARTICIPANT PLAYS: _____

➡ **SIGNATURE OF PARENT OR LEGAL GUARDIAN:** _____

PRINT PARENT/GUARDIAN NAME: _____

ADDRESS: _____

DATE SIGNED: _____ PRIMARY PHONE NUMBER: _____

ALTERNATE CONTACT: (Someone to contact in case of injury, other than the parent or guardian signing this document.)

Full Name (first and last): _____

Phone: _____ Relationship: _____

Address: _____

PARTICIPANT CONCUSSION LAW AGREEMENT

AS THE PARTICIPANT, I HAVE READ the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I UNDERSTAND the importance of reporting a suspected concussion to my coaches and my parents or legal guardian.

I UNDERSTAND that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I UNDERSTAND the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

➡ **SIGNATURE OF PARTICIPANT:** _____

If you are only coaching and do not have a child playing, please sign this page only:

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

Coaches Agreement:

I have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of an athlete returning to practice/play too soon.

➡ **SIGNATURE OF COACH:** _____

PRINT NAME: _____

ADDRESS: _____

DATE SIGNED: _____ PRIMARY PHONE NUMBER: _____

SPORT COACHING: _____ BASKETBALL _____ VOLLEYBALL

Team/Community: _____

Grade Level: _____ Gender: _____