



# GAMEBREAKER

7<sup>TH</sup> ANNUAL GBAC

## 7 v 7 PASSING TOURNAMENT

Waiver of Liability and Consent for Treatment – 2019

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List any Allergies \_\_\_\_\_

Required Medication \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy No. \_\_\_\_\_

**City of Scottsdale, AZ, GB Athletic Club, and their respective sponsors, directors, supervisors, instructors, agents and employees are hereby released and discharged from any suit of injury, illness or damage to personal property during the course of this event or program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses or damages, including reasonable attorney fees, which may be incurred in the event of any such claims asserted against them or any of them. *In case of accident or illness, I hereby authorize attending staff to use his/her judgment in obtaining immediate Medical Care.***

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

(Parent or Guardian)

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Contact #2 (\_\_\_\_) \_\_\_\_\_ Contact #3 (\_\_\_\_) \_\_\_\_\_

(Parents/Guardians will be notified in case of serious illness or injury as quickly as they can be reached, but this form will make immediate treatment possible.)

