

Parent/Guardian Agreement

PARENTAL CONSENT FOR TREATMENT OF MINORS

I, as the parent or legal guardian of a minor, hereby authorize a representative of IYRF, or Rugby Indiana, or **Select Physical Therapy** to seek medical and/or surgical treatment for my son/daughter as may be deemed medically necessary in order to assure his/her safety. It is distinctly agreed and understood that the representative of IYRF, Rugby Indiana, **Select Physical Therapy** shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment.

WAIVER OF LIABILITY AND ELIGIBILITY FOR RUGBY PARTICIPATION

The undersigned states:

1. To the best of my knowledge and belief, I am eligible under USA Rugby Guidelines (CIPP registered) to participate in this activity.
2. To the best of my knowledge and belief, I am eligible to participate in this activity under all applicable local area governing organization guidelines.
3. I agree to abide by all rules and regulations imposed by the International Rugby Board, USA Rugby, Rugby Indiana and the local host.
4. I am aware that I may lose the privilege to participate in the activity in the event of any violation of the above mentioned statements.
5. I am aware that rugby is a contact sport and participation may result in permanent disability, social and economic loss, and even death. These risks may arise as a result of my own actions or inaction's, or may arise from the actions or inaction's of others, or may arise from rules applied to the activity, condition of the premises, and/or equipment used.

I FULLY ACCEPT ALL SUCH RISKS AND RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.

6. I release, waive, discharge, and covenant not to sue USA Rugby, Indiana Youth Rugby Foundation, **Select Physical Therapy**, local governing organizations, referee associations, affiliated clubs, their respective administrators, directors, agents, coaches, referees, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leases of premises to conduct all rugby activities, all of which hereinafter, referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or part by negligence of the release of otherwise.
7. I understand that it may be necessary for IYRF to transport the player, or to use transportation not provided by IYRF, in order for player to attend or participate in IYRF activities/events. I agree to defend, indemnify, and hold IYRF, its trustees, agents, employees and affiliated entities harmless from any and all damages, including, but not limited to, bodily injuries and property damage that may arise from player transportation to IYRF activities/events.
8. My signature on this form acknowledges my receipt of the CDC Concussion in youth sports fact sheet which outlines: the nature and risk of concussion and head injury to student athletes, provides the signs and symptoms of concussion, prevention advice, offers instruction on steps to take with a suspected concussion, and includes the risks of continuing to play after concussion or head injury.

Player Name

Parent Signature

Date