

# Liability Waiver for Rugby Camp Participation

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date of Birth of Participant: \_\_\_\_\_

Event Location and Date (select one):

☐

**Ohio on July 15 - 17**

☐

**Pennsylvania on July 19 - 21**

☐

**Baltimore Maryland on Date: July 23 - 25**

By initialing this yellow box, I, the parent/guardian of the above-named minor, do hereby authorize Strong Lad LLC, event staff, Rugby Camp volunteers, and any agents of the camp to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above-named minor which is deemed advisable by and to be rendered under the general or special supervision of any athletic trainer, physician, surgeon, or dentist, whether such diagnosis or treatment is rendered at Loyola Blakefield High School, the office of said physician or dentist, at a hospital, or elsewhere.

Initial: \_\_\_\_\_

By initializing this yellow box, I certify that I understand that my child must have either active health insurance or a state-backed insurance-type plan and that there will be no "co-insurance" USA Rugby-type, or school-based health plan for incurred medical costs now or in the future. I realize that even non-contact rugby has inherent risks and I assume all those risks while my child participates in this camp.

Initial: \_\_\_\_\_

By initializing this yellow box, I approve of my child's participation in the Strong Lad Rugby Camps and certify that he/she is in good health and able to participate in all activities. If my child has special physical limitations, including allergies, asthma, diabetes, restricted activities, etc., and/or requires medication, I have explained in the

space below and respect the decision of all camp staff to hold my child out of activities as they see fit.

Initial: \_\_\_\_\_

By initialing this box, I release Strong Lad LLC and all event locations from any and all liability related to my child's participation. I understand and agree that all sports have inherent risks and also certify that I have active medical insurance that will cover any and all issues that can arise from participation in Strong Lad Rugby Camps.

Initial: \_\_\_\_\_

Current Medical Conditions that may affect participant's ability to participate or that you wish athletic trainer and staff to be aware of:

\_\_\_\_\_

Best contact number from 4 p.m. to 10 p.m. each day camp in session:

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_