

Panther City Youth Rugby Club

CAMP / CLINIC REGISTRATION

Camp / Clinic Name	/ /20	\$	() Cash () Ck#
	Event Date	Fee	Payment Method
Player's Full Name (please print)	Date of Birth	Age	() Male () Female
			Sex
School	Grade		
Name of Custodial Parent / Legal Guardian	Relationship	Phone	
Residential Street Address	Apt #	Alternate / Emergency Phone	
Residential City	ZIP Code	Alternate / Emergency Contact Name	

In consideration of my child being permitted to participate in any way in a Panther City Youth Rugby camp or clinic ("PCR Activity"), I acknowledge and agree to the following.

Acknowledgement & Assumption of Risk

- I (and my child) understand the nature and dangers of Rugby activities and believe that my child is qualified to participate in a PCR Activity. I further agree/warrant that if at any time I believe conditions to be unsafe, my child will immediately cease further participation in the PCR Activity.
- I (and my child) fully understand that: a) Rugby, like all sports, involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); b) these Risks and dangers may be caused by my or my child's own actions, or inactions, the actions or inactions of others participating in a PCR Activity, the condition in which a PCR Activity takes place, or the negligence of the "Releasees" named below; c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND DAMAGES incurred as a result of my child's participation in a PCR Activity.

Parental Consent, Release & Indemnification

- I, the minor's custodial parent and/or legal guardian, understand the nature of the above referenced and am fully aware of the minor's athletic experience and physical capabilities and believe the minor to be qualified to participate in competitions and related activities organized by Panther City Youth Rugby Club.
- I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS PANTHER CITY YOUTH RUGBY, ITS SPONSORS, AND ANY ORGANIZATION IT MAY BE AFFILIATED WITH, INCLUDING THE CITY OF FORT WORTH, TEXAS, along with their respective administrators, directors, agents, officers, volunteers, and employees, as well as other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which any PCR Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my or my child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my child's behalf make a claim against any of the Releasees named herein, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Agreement to Abide by PCR Activity Rules

- I and my child agree to abide by all rules and regulations implemented by the PCR Activity and facility officials whether stated in advance and/or at the time of the PCR Activity.

Consent to Attain Medical Care & Medical Insurance Agreement

- I, the above named child's custodial parent or legal guardian, give my consent to Panther City Youth Rugby Club (dba Panther City Rugby), its agents and any medical service providers contracted by them to provide and/or obtain medical care from an appropriately licensed healthcare provider, hospital, or clinic for my child, for any injury or illness that arises during his/her participation in Activities. I understand that I am financially liable for all costs related to the provision of care for the above named child.
- I acknowledge that I AM (MY CHILD IS) COVERED BY MEDICAL INSURANCE THAT HAS **A MINIMUM OF \$100,000 IN MEDICAL COVERAGE**, with no restrictions for accidents while participating in sports and related activities. I understand such insurance will be my (my child's) primary source of payment should medical treatment be necessary as a result of my (my child's) participation in any PCR Activity.

Insurance Company	Policy Number	Name of Policy Holder
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I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IS ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Custodial Parent / Legal Guardian	Date
Name of Custodial Parent / Legal Guardian	Relation to Child
Signature of Player, if over the age of 14	

