

WAIVER of LIABILITY and ELIGIBILITY for RUGBY PARTICIPATION



First Name: _____ Last Name: _____

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 specifically state that I possess medical insurance coverage of \$100,000.00 or more and in the event of international travel associated with competition coverage extends beyond the borders of the USA.**
4. I agree to abide by all rules and regulations imposed by the International Rugby Board, USA Rugby, the local governing organization and the local host.
5. 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.
6. 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.

7. I release, waive, discharge, and covenant not to sue USA Rugby, 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.

Name (Print)

Signature

Parent Signature (if under 18 years old)

Date