

KENT HAVOC ROOKIE RUGBY WAIVER

PARTICIPANT INFORMATION

Player's Full Name:

Date of birth mm/dd/year:

Current age:

CURRENT COVERAGE

I am currently looking for medical coverage and would like more information: yes/no

GUARIAN INFORMATION

The name given here as the primary guardian must be the only person to fill out this form. Conflicts in names will render this document void.

Primary guardian name:

Phone: ()

SAFETY PROTOCOL ON BEHALF OF HAVOC

1. I understand that the Rookie Rugby coaches have been trained by a certified rugby coach on how to lead children in games and athletic activities in a manner that puts the child's physical, social and emotional wellbeing at the forefront of every lesson.

2. I understand that if an incident arises, Havoc coaches will take the proper steps to notify the necessary individuals and fill out the proper paperwork immediately

3. I understand that for safety reasons, **coaches will NOT administer medication** to the above mentioned child and that if medication is required during the course of the Rookie program, it is I, or another adult that I have put in charge of my child that will administer the medication

4. I understand that I, or another adult that I have placed in charge of my child, am/are expected to participate alongside my 2-4 year old child, and/or keep diligent observance over my 4-9 year old as they participate in Rookie Rugby and that I maintain the right to withdraw my child from a particular activity if I deem it unsafe for my child at any age

Guardian initials:

I agree to the above (please check)

ASSUMPTION OF RISKS

Given the safety steps taken by Havoc members, I understand that participation in Rookie Rugby still carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Guardian initials:

I agree to the above (please check)

HAVOC LIABILITY WAIVER

1. I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Kent Havoc Rugby Football Club, its members and guests from liability **from any and all claims including the negligence of the Kent Havoc Rugby Football Club, its members, and guests** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Rookie Rugby

2. I have read this waiver of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

3. I understand that in order for the above mentioned child to participate in Kent Havoc's Rookie Rugby program, I must agree to all the terms and conditions listed within this form.

Guardian initials:

I agree (please check)

SIGNATURES

Signature of guardian:

Date:

Signature of witness:

Date: