

Mercer Island 7 on 7 Tournament - Participant Waiver

NOTE: Mercer Island Football Booster Club (MIFBC) and its volunteers understand the confidentiality of medical information and this information will be destroyed after the conclusion of the activity. To protect the integrity of MIFBC activities and our volunteers, and the safety of all ATHLETES, we reserve the right to refuse participation of any ATHLETE in any of our MIFBC activities if this information is not on file prior to participation.

WAIVER OF LIABILITY & RELEASE: In consideration for the ATHLETE being permitted to participate in Mercer Island 7 on 7 Tournament, activities as indicated on the participation application, I do hereby, and on behalf of the ATHLETE, ATHLETE's heirs, personal representatives or assigns, waive and release forever, any and all rights for claims and/or damages ATHLETE may have against MIFBC, officers, board of directors, parents, coaches and community members (collectively "Volunteers") from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs and expenses of any nature, which ATHLETE may have or may hereafter accrue to ATHLETE arising out of or related to, including, but not limited to ATHLETE's participation in any of the MIFBC sponsored events, including ANY loss, damage or personal injury that may be sustained by ATHLETE or by any property belonging to ATHLETE, whether caused by negligence or carelessness on the part of any volunteer or otherwise, while ATHLETE is in on, upon or in transit to or from the premises where the activities or any adjunct event activities are being conducted. I do hereby and on behalf of ATHLETE intend this to be a complete and unconditional release of all liability to the greatest extent of the law.

ASSUMPTION OF RISK: I do hereby, and on behalf of ATHLETE, accept, understand and assume that participation in MIFBC activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I do hereby and on behalf of ATHLETE, accept, understand and assume that MIFBC activities carry with them inherent risks due to the physical nature of the activities which include but are not limited to physical contact with other participants, footballs being thrown, physical drills and activities related to playing a physical sport like football. I do hereby and on behalf of attendee, accept and understand and assume that these risks include minor injuries such as scratches, bruises, sprains, more serious injuries, including possible permanent physical and/or mental damage, heart attacks, concussions, and even paralysis or death. I do hereby and on behalf of ATHLETE agree that ATHLETE has agreed to follow all instructions of THEIR coaches as well as MIFBC volunteers and to wear all necessary, recommended and appropriate protective gear and equipment during the course of the MIFBC activities.

SEVERABILITY: I do hereby, and on behalf of the ATHLETE, further expressly agree that the foregoing "Waiver of Liability and Release, Assumption of Risk, and Indemnity and Hold Harmless Agreement" is intended to be as broad and inclusive as is permitted by law, and that if

any portion thereof is held to be invalid, that it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

REPRESENTATION OF ATHLETE'S PHYSICAL FITNESS TO PARTICIPATE: I do hereby, and on behalf of ATHLETE, represent that, within one year prior to the date of the execution of this form, ATHLETE has undergone a full and complete physical examination administered by a Board-certificated physician who will supply, if requested to do so, to MIFBC or its designated representative, a letter certifying, on the basis of this examination, that ATHLETE is Physically fit to play the game of football and otherwise to participate in MIFBC activities.

CONSENT FOR MEDICAL TREATMENT: I do hereby on behalf of ATHLETE give consent to MIFBC officers, board of directors, parents, coaches and community members (collectively "Volunteers") to obtain medical treatment and/or assistance on the ATHLETE'S behalf, if such treatment should be necessary or desirable during the course of ATHLETE'S participation in MIFBC activities. I do hereby on behalf of ATHLETE acknowledge, however, that I will be solely responsible for the cost of such treatment or for any other medical treatment for ATHLETE.

RELEASE AUTHORIZATION AND CONSENT FOR EMERGENCY TREATMENT, OPERATIVE PROCEDURES: In the case of an emergency and if I cannot be reached, I do hereby, on behalf of the ATHLETE, authorize MIFBC officers, board of directors, parents, coaches and community members (collectively "Volunteers") to obtain whatever medical treatment is deemed necessary in my absence, including emergency treatment, that includes but is not limited to operative procedures, if necessary, for the welfare of my ATHLETE. I do hereby and on behalf of ATHLETE further understand that I will be financially responsible for all charges and fees incurred in the rendering of such treatment, regardless of whether or not my medical insurance would cover such charges and fees.

PROOF OF MEDICAL INSURANCE FOR ATTENDEE: I do hereby on behalf of ATHLETE, understand that I am required to maintain and carry accident medical insurance coverage for ATHLETE for participation in MIFBC activities. By my signature below, I am verifying and warranting that ATHLETE does have such coverage.

I certify that I am the ___parent/legal guardian or ___ the ATHLETE (if 18 or older) listed above and acknowledge I have carefully read and understand the full contents of this page and sign below, and also on behalf of the ATHLETE of my own free will.

Signature _____
Printed Name _____ Date _____
Athlete Name _____

Cell Phone _____

Tshirt Size (circle one) L XL 2XL

School

Date of Birth

*If 18 or older, ATHLETE may sign waiver

Head Coach

Participation in MIFBC Events (circle all related)

Kicking/Punting - Sat

Passing 7 on 7 Sat

Lineman - Sat

Position Playing

Offense _____ Defense _____ Specialist _____

Emergency Contact
(Parent or Legal Guardian-not coach)

Cell Phone

Relationship to Athlete

Attending MIFBC event with your Athlete?
____ YES ____ NO

Home Phone

Name of Doctor

Office Phone

Cell Phone