

Consent To Treat

This is to certify that on this date, I _____, as the parent or guardian of _____, (athlete participant), give my consent to Amateur Athletic Union (AAU) and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation within AAU Union sanctioned hockey events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form

Has the participant had (or currently have) any of the following?

A recent tetanus booster? _____ If yes, when? _____

Currently taking any medications? _____ If yes, please list all medications _____

Has a doctor placed any restrictions on his/her activity _____ . If yes, please explain below

Optional MEDICAL HISTORY Information

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For more information or insurance claim forms, go to aausports.org

Waiver of Liability, Release Assumption of Risk & Indemnity

The member, applicant and/or participant releases and forever discharges, and covenants not to sue the Amateur Athletic Union of the U.S., Inc ("AAU"), AAU's Districts (formerly known as Associations), the Host (of the Event), Local Organizing Entity, and if applicable owners and lessors of premises upon which the activity takes place, (the foregoing collectively, including without limitation, the AAU, hereinafter for convenience referred to as the « Releasees »), together with the respective administrators, members (including all categories), volunteers, participants, sponsors and advertisers, together with the insureds, and the parent related, affiliated, subsidiary companies, and affiliated committees, as well as the officers, directors, agents, attorneys, employees, representatives, successors and assigns of each of the Releasees entities, and any other party indemnified and held harmless by the AAU (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages of the Member, Applicant, and/or Participant, caused or alleged to be caused in whole or in part by the action, inaction or negligence of the Releasees or otherwise, including but not limited to negligent rescue operations, negligent security, travel and recreation operations and activities; and further agree that if despite this release and waiver of liability, assumption of risk, and indemnity policy, the Member, Applicant and/or Participant or anyone on behalf of the Member, Applicant and/or Participant, makes a claim against any of the Releasees, the Member, Applicant and/or Participant and/or his/her parent or guardian will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney's fees, loss, liability, damage, or cost which may be incurred as the result of such a claim. [Rev. 10/06]

The Member, Applicant and/or Participant understand that:

- (a) athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (« Risks »);
- (b) these Risks and dangers may be caused by the Member, Applicant, and/or Participant's own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of others;
- (c) there may be other risks and social and economic losses either not known to the Member, Applicant, and/or Participant, or not readily foreseeable at this time;

and the Member, Applicant, and/or Participant accepts and assumes all risks and all responsibility for losses, costs, and damages the Member, Applicant, and/or Participant incurs as a result of participation in the activity.

Participant's Signature

Date Signed

Participant's Name (please print)

Age

Participant or Guardian's Signature
(if participant is 17 years old or younger)

Date Signed

