



Liability Release Form

Event or Activity:

Organizing team:

Name of Participant:

*For travel, name of person(s) transporting participant(s):

I understand the participation/travel in the above activity could include actions or tasks that might be hazardous to the participant named above.

By signing below, I assume any risk or harm or injury, which might occur to the participant due to his/her/my participation in the event or activity/travel. I release Rugby Idaho, the coaches, person(s) transporting, and organizing team listed above from all liability, cost and damages, which might arise from participation in the above, named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the above event/activity. I further provide my consent for the organization or business named above to seek emergency treatment for the minor, if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign Here if Participant is an 18 or over:

Signature of Participant:

Date:

Sign if Participant is a Minor (under 18):

Print name of Parent or Guardian:

Date:

Signature of Parent or Guardian:

Date:

