

Liability/Waiver Form
Birmingham Rugby Club Foundation
Youth Rugby

Child's Name _____ **Date of Birth** _____ **Gender** _____

**Parent/
Legal Guardian Name** _____ **Relationship to Child** _____

*It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include Birmingham Rugby Club Foundation, Rugby Alabama, USA Rugby, the City of Birmingham, Alabama, and their affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

1. I represent that I am the parent or legal guardian of the Participant(s) named above.
2. I acknowledge and understand that there are risks associated with participation in all sports activities, including youth rugby, including personal injury, paralysis and/or death.
3. I, for myself and the participant named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I, for myself, the participant named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify Birmingham Rugby Club Foundation, Rugby Alabama, USA Rugby, the City of Birmingham, Alabama, and their affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees, from any and all injuries, liabilities or damages from participation.
5. I certify that the participant is physically ably to participate in all youth rugby activities.
6. I certify that I am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Parent/Guardian Signature _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Emergency Contact number (____) _____ **or** (____) _____