

Liability / Waiver Form

Birmingham Rugby Club Foundation
Birmingham Metropolitan Youth Rugby
Central Alabama Youth Rugby

Player's Name _____ Player's Date of Birth _____

Parent/Legal Guardian Name (if player is under the age of 18) _____

Player's Gender _____ Your relationship to player _____

*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, Birmingham Metropolitan Youth Rugby, Central Alabama Youth Rugby, Alabama Youth Rugby, USA Rugby, Birmingham Park and Recreation, the City of Birmingham, Alabama, and their affiliate associations, Birmingham City Schools, 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 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, Birmingham Metropolitan Youth Rugby, Central Alabama Youth Rugby, Alabama Youth Rugby, USA Rugby, Birmingham Park and Recreation, the City of Birmingham, Alabama, and their affiliate associations, Birmingham City Schools, 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 able to participate in all 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 (if player is 17 or younger) _____ Date _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Emergency Contact number (_____) _____ or (_____) _____

You can return your waiver in one of the following ways:

1. Mail to:
Alabama Youth Rugby
PO Box 383123
Birmingham, Alabama 35238
2. Print, fill out, scan or take picture of, then email to youthrugby@birminghamrugby.org
3. Hand it to one of the coaches at the first practice

Last updated 4/6/18