2016 Queen City 7's Rugby

Official Individual Athlete Form & Waiver

Street Address/Apt # City/Town County State Zip Phone Numbers: Daytime Evening Evening Cell Phone Email Address: Date of Birth: (W/D/Y) Sex: EMERGENCY CONTACT INFORMATION: Last Name First Name First Name Phone: AGREEMENT, RELEASE AND WAIVER OF LIABILITY Consideration of being permitted to participate in or assisting others in participation in the Queen City 7's Rugby Tournament and ated events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or ass I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT: (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggressed participating in activities releted to the Tournaments; (b) Participating or assisting other in participating in the Tournament may involve RISK OF INJURY TO ME, INCLIDING DEATH, LOSS OR DAMAGE TO NE OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premise or of any equipment used: (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above, I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDENNIFY AND COVENANT NOT 1 SUE: ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDENNIFY AND COVENANT NOT 1 SUE: (a) USA Rugby, North Carolina Youth Rugby Union, North Carolina High School Rugby Association, Mecklenburg County Parks & Recreation, Metithews City, or any of its affiliates, its Board of Directors, its employees, overlunteers, coaches, trainers, officials affiliated with their programs; (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other	City/Town County State Zip Phone Numbers: Daytime Evening Evening Cell Phone Email Address: Date of Birth: (M/D/Y) Sex: EMERGENCY CONTACT INFORMATION: Last Name First Name First Name Phone: AGREEMENT, RELEASE AND WAIVER OF LIABILITY Consideration of being permitted to participate in or assisting others in participation in the Queen City 7's Rugby Tournament and teled events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or ass I ACKNOWLEDGE, UNDPESTAND AND DECLAEE THAT: (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravate participating in activities related to the Tournaments; (b) Participating or assisting other in participating in the Tournament, and the control of the premise or of any equipment used; (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above, I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT SUE: (a) USA Rugby, North Carolina Youth Rugby Union, North Carolina High School Rugby Association, Mecklenburg County Parks 8 Recreation, Matthews City, or any of its affiliates, its Soard of Directors, its employees, agents, volunteers, coaches, trainers officials affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring school counties, municipalities, governmental agencies, international organizations, agencies, sponsors, or organizations; (c) Owners, lessors and lessees of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DANAGE TO PERSON OR PROPERTY, and OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from tournament. I AGRET THAT: (a) Prior to participating as an athlete, I, or in the case of a minor	Athlete Information:					
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Signature of Parent/Guardian, Individually and

In the capacity as Parent/Legal Guardian if

Athlete is under 18 years of age.

Date

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