



BRONCOS RUGBY CLINIC PARTICIPATION WAIVER

Please Print

Name of Participant (First and Last): _____

Team/Organization Name: _____

Coach's Name: _____

PARENT/GUARDIAN Information

First Name _____ Last Name _____

Email _____ Cell Phone _____

Street _____ Unit# _____

City _____ State _____ ZIP Code _____

Date: _____

Parent/Guardian Signature (Required if under 18 years old): _____ Print Parent/Guardian

Name: _____

Medical & Liability Release + Photo Use Grant

Medical & Liability Release Agreement (MUST be accepted to participate)

In consideration of the acceptance of my application for entry into participation in the above event/activity, I hereby waive, release and discharge any and all claims for damages which my child may have or which hereafter accrue to him/her against Above It All and its affiliates/partners/directors/advisors/volunteers as a result of his/her participation in the event/activity. This includes me and any family members on site. I hereby waive, release and discharge Mount Diablo High School, and the Mount Diablo Unified School District. I agree to view from authorized areas and stay off of all school equipment and from underneath the stadium bleachers.

I hereby release, discharge and/or otherwise indemnify Above It All, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the event/activity, against any claim by or on behalf of my child as a result of my child's participation in the event/activity.

I authorize Above It All and its affiliates/partners to use photographic and videography images of my child for marketing communications, website and social media.

I accept the waiver _____

Signature of Parent

Date