

# SOUTH WEST AREA YOUTH RUGBY FOOTBALL CLUB



Parents and Athletes,

Welcome to the 2012 SWARM RFC Boys High School Rugby season. Whether you are new to rugby or are an experienced player, we will work to improve skills and abilities, so each athlete develops their full potential.

IN ORDER TO BEGIN PRACTICE, ALL REGISTRATION FORMS AND PAYMENT MUST BE COMPLETE AND RETURNED.

**\*\*PLEASE RETURN ALL FORMS AND PAYMENT ASAP.\*\***

TEAM FEE: \$190

Fee includes team costs, USA Rugby registration membership dues, shorts, socks and rugby ball.

Please write ONE check made out to "SWARM RFC" in the amount of \$190.

## REGISTRATION FORM INSTRUCTIONS:

Please complete all forms including:

- Emergency Contact Information - Be certain you thoroughly read "Authorization to Consent to Medical Treatment for a Minor." Signature of parent and athlete required.
- Code of Conduct – Read and discuss all requirements. Parent and athlete initials required on the red line for each item.
- Waiver and Release of Liability – Read thoroughly. Signature of and Parent and athlete required.
- Written Agreement for U15 Player to Play High School Rugby- Fill this out if the player is 15 years of age or younger.

## USA RUGBY APPLICATION INSTRUCTIONS:

This registers your son with USA Rugby, and provides insurance coverage through USA Rugby.

\*\*\* If your player is 17 years old or under on 2/1/2012 please fill out the form entitled "2011-2012 (Minor) Individual Enrollment Application.

\*\*\* If your player is 18 years old before 2/1/2012 please fill out the form entitled "2011-2012 (Adult) Individual Enrollment Application.

Please put an "X" in the appropriate box.

The top section, Enrollment Information

- Have you previously registered, or are you new? Choose the appropriate box, I will fill in your CIPP number later.
- Club Name should be filled out; South West Area Youth RFC The Club ID# is 21966
- Date of Birth,
- Gender;
- Name of the player.
- Fill in the rest of this section with; address, and phone numbers. You MUST fill in your e-mail address.
- Registration Type; Player

## Second Section Enrollment Classification and Annual Fees

- Affiliated with a High School or Youth Club; put an "X" in the box and \$20 in the right column.
- Total Individual Enrollment Fees; \$20

## Third Section Method of Payment.

- Choose; CLUB CHECK. DO NOT WRITE ANY OTHER CHECKS. DO NOT MAKE OUT YOUR CHECK TO USA RUGBY.

Fourth Section Signature. Athlete sign and date it. PARENTS MUST SIGN THIS NO MATTER THE AGE OF YOUR SON.

Please read and sign the USA Rugby Waiver & Release. We're done with this form.

\*\*Some forms are computer friendly and text can be entered directly on the form and printed, or you may print them and complete them in clear hand-print.

A PARENT'S and ATHLETE'S signature should appear four times, regardless of your son's age.

Please be sure all forms are filled out according to the instructions provided. If you have any questions or were unable to attend the parent/player meeting please contact me.

Thank you for your support and I am looking forward to the season!

Dave Doessel

Head Coach/Manager

720-849-6547



# SOUTH WEST AREA YOUTH RUGBY FOOTBALL CLUB

## EMERGENCY CONTACT

### AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR

**YOU CAN ENTER TEXT DIRECTLY ON THIS FORM OR PRINT AND FILL OUT BY HAND IN CLEAR PRINT.  
PLEASE COMPLETE ALL INITIALS & SIGNATURES BY HAND.**

ATHLETE'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ (8-12)

#### **List two persons to contact in case of emergency:**

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SECOND CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

In order to compete in youth rugby your son **must have passed a physical** within the past year and **must be covered by a health insurance plan.**

#### **Important Information**

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU ALLERGIC TO ANY DRUGS? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

ALLERGIES, IF ANY? (i.e., bee sting, dust) \_\_\_\_\_

DO YOU SUFFER FROM ASTHMA? \_\_\_\_\_ DIABETES? \_\_\_\_\_ EPILEPSY? \_\_\_\_\_

ARE YOU ON MEDICATION? \_\_\_\_\_ IF SO WHAT? \_\_\_\_\_

HAVE YOU HAD ANY CONCUSSIONS? \_\_\_\_\_ IF SO WHEN? \_\_\_\_\_

PREVIOUS INJURIES? \_\_\_\_\_ IF SO, PLEASE LIST INJURIES AND WHEN? \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian) of the city of \_\_\_\_\_ in the county of \_\_\_\_\_, Colorado, do hereby state that I am the natural parent or legal guardian having custody of

\_\_\_\_\_, a minor, age \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_\_.  
In connection with my child's participation in rugby, I authorize any accompanying adult bringing my child to your treatment facility to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or specific supervision, and on the advice of any physician or surgeon who is licensed to practice when the need for such treatment is immediate and when efforts to contact me are unsuccessful. I understand that I assume all liabilities and expenses for the above. I waive all claims against the above referred to adult, physicians, hospitals, and their employees, ambulatory care, etc. in connection with the decisions for such immediate care. I hereby authorize coaches / trainers to obtain qualified medical assistance to evaluate medical injuries including calling 911.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT or GUARDIAN

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
ATHLETE



\*\*\*\*\*WRITTEN AGREEMENT FOR U15 PLAYER TO  
\*\*\*\*\*RNC[ 'HIGH SCHOOL OR U19 RUGBY

"

No player, who according to the USA Rugby Eligibility Regulations is required to complete this written agreement; shall train, practice, play, nor be eligible to play High School or U19 Rugby without having first completed all applicable portions of the written agreement below.

Completed written agreements shall be kept in the records of the player's club and available for review upon request of any match opponent or administrator.

"

As per USA Rugby Eligibility Regulations, the Undersigned consent to allow the player listed below to play High School or U19 Rugby (other than in front row positions of a Qualifying Match); and also agree to accept all responsibility and risks associated with playing in High School or U19 Rugby with players who may be stronger and more physically developed than the player. The Undersigned confirm that the player has an appropriate understanding of the physical attributes required of, and the risks to players, playing High School or U19 Rugby, including front row positions in other than Qualifying Matches, and that the player has the requisite skills and experience to play High School or U19 Rugby, including front row positions.

"

We, the undersigned player, parent or guardian, and coach, by signing this written agreement, agree that this document constitutes the required written agreements and consents required by the USA Rugby Policy for Under 15s Playing High School or U19 Rugby, thereby allowing the following player to play High School or U19 Rugby.

"

"

"

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Player Name \*\*\*\*\*CIPP# \*\*\*\*\*Signature \*\*\*\*\*Date

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"

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Coach Name \*\*\*\*\*CIPP# \*\*\*\*\*Signature \*\*\*\*\*Date

"

"

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Parent or Legal Guardian Name \*\*\*\*\*Signature \*\*\*\*\*Date



2011-2012 (MINOR) Individual Enrollment Application
USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302
Fax: 303-302-0239 Phone #: 303-539-0300

To avoid the processing \$1.50 fee, register online at https://membership.usarugby.org

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Form fields for enrollment information including checkboxes for 'Previously Registered' and 'New Participant', and input fields for Club Name, Club ID, Date of Birth, Gender, First Name, Last Name, Mailing Address, City, State, Zip, Phone, and E-mail address.

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY

Form fields for enrollment classification and annual fees with checkboxes for Senior, Collegiate, High School, Youth, and Fan categories, each with associated fees and input lines.

Processing fee section with a table showing a fee of \$1.50 and a total individual enrollment fees section with a dollar sign and input line.

METHOD OF PAYMENT

Form fields for method of payment including checkboxes for Organization Check, Personal Check, Invoice, Visa, and MasterCard, and input fields for check number, name, zip code, credit card number, security code, and expiration date.

Please write number clearly

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete or unsigned forms cannot be processed.
Send signed original form to USA Rugby - Retain a photocopy for your records.
Please allow 3-4 weeks for processing.

**- MINOR (PARTICIPANTS UNDER 18) -**

**USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS AND ASSUMPTION OF THE RISKS AGREEMENT.**

This Participation Agreement and Waiver and Release of Liability is entered into between the undersigned "Parent" or "Guardian" and the minor participant "Participant" and USA Rugby, its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, hereinafter referred to as "USA Rugby" or collectively as "Releasees").

In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant and Parent or Guardian believe the Participant is qualified to participate in Activities, and if at any time the Participant, Parent or Guardian believe conditions to be unsafe, he/she will immediately discontinue further participation in the Activities \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, each undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13-22-107, suffered by the Participant, Parent or Guardian or incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON.** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE
1. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ INITIAL HERE

**THE UNDERSIGNED PARTICIPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.**

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

**I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.**

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

\_\_\_\_\_  
Witness Printed Name Date

**PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB**

## - MINOR (PARTICIPANTS UNDER 18) -

### USA RUGBY (MINOR) MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I, the undersigned parent/guardian, acknowledge that the minor child identified below (the "Minor") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor be injured or become ill while or as a result of participating in the Activities (as defined below) **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES**. I understand such insurance will be my and the Minor's primary source of payment should medical treatment be necessary as a result of participation in the Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor's illness or injury arising out of the Activities that are not covered by such insurance policy.
2. The Minor will abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding the Minor's eligibility or right to participate in, USA Rugby-sponsored and –sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which are available on the USA Rugby web site ([www.usarugby.org](http://www.usarugby.org)).
3. I affirm that the Minor is not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify the Minor's citizenship status with the appropriate governmental agencies.
4. I am aware that USA Rugby has the right to revoke the Minor's CIPP enrollment, and therefore his/her eligibility to play or coach, in the event of any violation of the aforementioned statement.

**I HAVE CAREFULLY READ THIS MEDICAL INSURANCE AGREEMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS MEDICAL INSURANCE AGREEMENT ON BEHALF OF THE MINOR.**

**PROVIDE NAME OF MINOR:**

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

**PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB**

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request. For more information about USA Rugby's Liability Insurance protection, please visit: [www.usarugby.org](http://www.usarugby.org).



2011-2012 Individual (ADULT) Enrollment Application
USA Rugby Membership Services

2500 Arapahoe Ave., Suite 200, Boulder, CO 80302
Fax: 303-302-0239 Phone #: 303-539-0300
To avoid the processing \$5.00 fee, register online at
https://membership.usarugby.org

ENROLLMENT INFORMATION – PLEASE PRINT LEGIBLY

Form fields for enrollment information including checkboxes for registration type, name fields, address, phone, and email.

ENROLLMENT CLASSIFICATION AND ANNUAL FEES – CHECK ONE ONLY

Form fields for enrollment classification and fees, including checkboxes for Senior, Collegiate, High School, Youth, Rookie, and Fan categories, and a processing fee section.

METHOD OF PAYMENT

Form fields for method of payment including checkboxes for Organization Check, Personal Check, Visa, and MasterCard, and fields for check number, name, zip code, and credit card details.

COACH BACKGROUND SCREENING – REQUIRED of all Coaches and Team Exec/Admin

As a USA Rugby Coach and Team Exec/Admin you are required to enter your submit your personal information for a background screening. You can do this by going to http://form.jotform.com/form/10375646203. Please note that this is a requirement for an active registration and your registration will be considered incomplete until this has been processed.

SIGNATURE – Your application will not be processed without a signature.

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on back of this form, and that if registering as a coach I consent to a background check. A member must be 18 years of age to register as a coach.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete or unsigned forms cannot be processed.
Send signed original form to USA Rugby - Retain a photocopy for your records.
Please allow 3-4 weeks for processing.

**- ADULT (PARTICIPANTS OVER 18) -**

**USA RUGBY PARTICIPATION AGREEMENT AND WAIVER AND RELEASE OF LIABILITY**

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In consideration for the privilege of participation of the Participant in USA Rugby activities, Participant, Parent or Guardian acknowledge and agree as follows:

1. Participation in the activities of USA Rugby, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be **HAZARDOUS AND PRESENT A DANGER TO PARTICIPANT**. Participant believes he/she is qualified to participate in Activities, and if at any time the Participant believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activities \_\_\_\_\_ INITIAL HERE
2. Participation in Activities exposes Participant to **RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by the Participant's own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or **THE NEGLIGENCE OF THE "RELEASEES."** Some Risks cannot be predicted or controlled. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. \_\_\_\_\_ INITIAL HERE
3. Assumption of the Risks. **I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of such participation. \_\_\_\_\_ INITIAL HERE
4. Waiver and Release of Liability. In consideration for the privilege of the Participant's participation in the Activities, the undersigned hereby **RELEASES, DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES** from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorneys fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law suffered by the Participant incurred on his/her account with respect to the Participant's personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from the Participant's participation in Activities, as caused or alleged to be caused in whole or in part by the Releasees or any of them, and further agrees that if, despite this release, the Participant or any other person makes a claim on the Participant's behalf against any of the Releasees, **THE UNDERSIGNED WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY THE UNDERSIGNED, THE PARTICIPANT, OR ANOTHER PERSON**. \_\_\_\_\_ INITIAL HERE
5. Governing Law, Venue and Jurisdiction: The undersigned understands and agrees that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state court of Boulder County, or the federal courts located in Denver, Colorado. \_\_\_\_\_ INITIAL HERE
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated. \_\_\_\_\_ INITIAL HERE

**THE UNDERSIGNED PARTICIPANT HEREBY CERTIFIES THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.**

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Witness Printed Name Date

**\*\*\*PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB\*\*\***

**- ADULT (PARTICIPANTS OVER 18) -**

**USA RUGBY RULES ACKNOWLEDGEMENT**

1. I understand and agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including the arbitration procedures therein, for any dispute regarding my eligibility or right to participate in, USA Rugby-sponsored and -sanctioned activities and events, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site ([www.usarugby.org](http://www.usarugby.org)).
2. I affirm that I am not suspended or banned from play or participation by any club, local area union, territorial union, or national union, and I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.
3. I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

**I HAVE READ THIS ACKNOWLEDGMENT AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY AND WITHOUT ANY WRONGFUL PRESSURE OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL AGREEMENT. I AFFIRM I AM 18 YEARS OF AGE OR OLDER.**

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Participant Signature

Printed Name

Date

**\*\*\*PLEASE PRINT, INITIAL, SIGN AND RETURN TO YOUR AFFILIATED CLUB\*\*\***

All clubs are required to maintain the signed waivers & releases in their possession for a minimum of three (3) years and provide to USA Rugby at any time upon request.

For more information about USA Rugby's Liability Insurance protection, please visit:  
[www.usarugby.org](http://www.usarugby.org).