

# ZIONSVILLE RUGBY CLUB

## WAIVER OF LIABILITY AND ELIGIBILITY

NAME \_\_\_\_\_

DATE \_\_\_\_\_

The undersigned states:

1. To the best of my knowledge and belief. I am eligible under USA Rugby Guidelines (CIPP-registered) to participate in this club.
2. To the best of my knowledge and belief. I am eligible to participate in the above club under all-applicable local area union or territorial guidelines.
3. **I specifically state that I possess medical insurance coverage.**
4. I agree to abide by all rules and regulations applicable to the club imposed by the International Rugby Board, USA Rugby, the governing territory, the governing local area union and local host.
5. **I am representing the Zionsville Rugby Club and will conduct myself in an appropriate manner.**
6. I am aware that I may lose my eligibility to compete for the Zionsville Rugby Club in the event of any violation of the above-mentioned statements.
7. I am aware participation in the above risks injury, permanent disability, social and economic loss, and even death. This risk may arise as a result of my own actions or inactions, or may arise from the actions or inactions of others, or may arise from the rules of the camp, condition of the premises, and/or equipment used at the club.

**I assume all of these risks and accept personal responsibility for all losses, which may come from any of these risks.**

8. I release, waive, discharge, and covenant not to sue USA Rugby, its Territorial and Local Area Union, referee associations, affiliated clubs, their respective administrators, directors, agent, coaches, referees, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lease's of premises to conduct the club, all of which hereinafter, referred to as "releases" from demands, losses or damages on account of injury, including death or damage to property caused o alleged to be caused in whole or part by negligence of the release or otherwise.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Parent Signature (if  
under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_