ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me being allowed to participate in any way in any **Rochester Aardvarks U-19 Rugby Program**, I agree:

1. I understand dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in a Rochester Aardvarks U-19 Rugby Program, and the condition. I understand the nature of rugby programs and acknowledge my experience and capabilities and believe I am qualified to participate in such rugby program. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the camp. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the event.
2. I fully understand that: (a) Rochester Aardvarks U-19 Rugby Programs involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks in which the event takes place or the negligence of the releases named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the event.
3. I hereby release, discharge, covenant not to sue, and agree to hold harmless the Rochester Aardvarks Rugby Football Club, their respective administrators, coaching staff, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the event takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
4. I also confirm that I have at least $100,000 of medical expense insurance coverage.

I have read this agreement, fully understand it's terms, and understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature, and intend it to be a complete and unconditional release of al liability to the greatest extent allowed by the law, and agree that if any portion of this agreement is held to invalid that the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant | Signature of Participant | Date

If participant is less than 18 years of age, a signature of parent or legal guardian is required.

Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date

Printed Name of Witness | Signature of Witness | Date