

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM
PARTICIPATION CONSENT AND MEDICAL RELEASE

PLAYER'S NAME: _____ (the "Participant").

Participant, and his custodial parent(s) and/or legal guardian(s) (together referred to as the "Undersigned"), hereby consent to Participant's involvement with the Rochester Aardvarks U-19 Rugby Program and the Rochester Aardvarks Rugby Football Club (together referred to as the "Team"). The Undersigned understand and agree that: participation includes, but is not limited to, practice sessions; games, meetings, functions, parties, fundraising, and the like, and transportation to and from these activities.

The Undersigned understand that there are no salaried coaches or administrators assisting the Team. All those who help are volunteers.

The Undersigned understand that there is not a medical physician or trainer at the Team's games or practice sessions.

MEDICAL RELEASE

The Undersigned give my consent for Rochester Aardvarks to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program conducted at this program under the auspices of the Rochester Aardvarks.

If the program in which I am participating includes psychological, physiological, and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risk or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's program with Rochester Aardvarks

Printed Name of Participant

Signature of Participant

Date

FOR ATHLETES OF MINORITY AGE
(Under the Age of 18 at the Time of Registration)

This is to certify that I, as the parent/guardian of the participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the Rochester Aardvarks at this program.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date