

Gainesville Youth Ultimate: Play Ultimate!

Emergency Medical Release, Liability Waiver and Covenant Not to Sue

Participant's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____
Home phone _____ E-mail _____

Emergency Information

Parent/Guardian's Name _____ Relationship _____
Email _____ Home phone _____ Cell _____

Parent/Guardian's Name _____ Relationship _____
Email _____ Home phone _____ Cell _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Emergency Contact _____ Home phone _____ Cell _____

Physician _____ Phone number _____

Preferred Hospital _____

Allergies _____

Medical conditions _____

Participant's Medical Insurance Carrier _____ Phone _____

Policy Holder's Name _____ Policy Number _____

This authorization for emergency medical treatment and waiver of liability and covenant not to sue must be completed before participant (Player/Coach/Volunteer) can participate in activities.

I, the above participant's parent(s)/legal guardian(s) (if participant is under the age of 18), acknowledge the potentially hazardous nature of the sport of Ultimate Frisbee and the training involved while learning to play this sport. I acknowledge and fully understand that the participant, and others, will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used, and further, that there are other risks both reasonably and not reasonably foreseeable at this time. I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenants to indemnify and not sue the Gainesville Youth Ultimate Learn and Play organizers, officers, employees, coaches, managers, agents, sponsors, volunteers and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of the participant's participation in said program and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in said program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Gainesville Youth Ultimate Learn and Play organizers will cause the participant to be removed from said program.

I further agree that my participant will conduct herself/himself at all times in accordance with the policies, rules and regulations set forth by Gainesville Youth Ultimate Learn and Play organizers, and acknowledge that the privilege of being a part of said event may be revoked if the policies, rules and regulations are not honored at all times.

I consent that photographs, artwork, audio, video, or writing that is documented may be used by Gainesville Youth Ultimate Learn and Play organizers and those affiliated with the event, its assigns or successors, in whatever way they desire, including television, CD-ROMs, webpage, publications, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

In exchange for the opportunity for participant to participate in Learn and Play, I agree to not take legal action against Gainesville Youth Ultimate, their agents, employees, and volunteers or other participants in this activity.

Parent(s)/Guardian(s) signature _____ Date _____
(Parent(s)/Guardian(s) signature is required if participant is under the age of 18)

Participant's signature _____ Date _____
(Signature is required)