

Medical Treatment Release

I, _____, give permission for my son/daughter _____ to participate in the Madnorski/Blackhawk Youth Programs for the 2013-2014 season. I understand this activity includes practices, races, social events and travel.

I also give my permission for the coaches, volunteers or volunteer parents to seek emergency medical treatment in the event that my son/daughter is injured.

Parent or Guardian's Signature

Date

Athlete's Signature

Date

Medical Information

Medical Insurance Company _____

Subscriber/Member # _____ Plan/Group# _____

Physician _____ Telephone _____

Date of Birth _____

Allergies (drug and/or food) _____

Physical conditions to be aware of _____

Medications brought to practices or trips _____

Parent Emergency Contact Information:

Alternate Emergency Contact and Relationship:

Athlete Name _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

You must sign the Liability Waiver or have your parent/guardian sign if under 18.

In consideration of being allowed to participate in any way in an athletics/sports program and related events and activities:

1. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the sponsoring organization, its affiliated clubs, their respective administrators, officers, directors, agents and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to me, my heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of any releases or otherwise in connection with association of participation in and/or arising out of my travel to , participation in and returning from participation in the event.
5. In the event that I sustain injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

I HAVE READ THIS RELEASE AND WILL COMPLY WITH ITS PROVISIONS.

ATHLETE'S SIGNATURE _____

PRINTED NAME _____ DATE SIGNED _____

FOR ATHLETES OF MINORITY AGE

This is to certify that, as a parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

PARENT/GUARDIAN SIGNATURE _____

PRINTED NAME _____ DATE SIGNED _____