**TRY FLAG REGISTRATION:**

Parent/Guardian:

Address:

Phone:

Email:

Player name:

**Parent/Guardian Waiver, Release of Liability and Indemnification Agreement**

I, the undersigned parent or guardian of the above named minor, acknowledge, agree and understand that:

1. The above named minor is in good health and proper physical condition to participate in flag rugby.

2. There are certain risks and hazards involved in the above named minor participating in flag rugby that may result in injury or death to the minor or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.

3. I hereby release, discharge and agree not to sue Union County Rugby Football Club, or their owners, officers, coaches, agents, servants, associations, employees, or any person or entity connected with Union County Rugby Football Club for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

4. I, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician.

5.Photos of program participants may be used on the Union County Rugby Football website and associated social media pages including but not limited to Facebook and Instagram.

**BY SUBMITTING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

**Signature:**

**Date:**