

# Grass Roots Ultimate Youth Waiver & Medical Authorization Form



Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Ste #: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle: Male or Female

## **GRASS ROOTS ULTIMATE WAIVER & RELEASE OF LIABILITY**

(This waiver may not be modified. Signed waivers are required to participate in Grass Roots Ultimate events.)

In consideration of being allowed to participate in any way in Grass Roots Ultimate programs, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which may result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death.
3. I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, and agree to hold harmless Grass Roots Ultimate, its officers, officials, affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, advertisers, and, if applicable owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I will indemnify, save and hold harmless above named releasees of, from and against any loss, cost, expense, damage or liability that such releasees may incur as a result of, arising from or in connection with such claim, including without limitation any attorney's fees, or other costs or expenses or litigation.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
*Participant's Signature (including minors)*

\_\_\_\_\_  
*Date*

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs above, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
*Parent/Guardian Signature (required if participant is under 18)*

\_\_\_\_\_  
*Date*

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of Grass Roots Ultimate in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of

[Name of participant] \_\_\_\_\_ recognize the potentially hazardous nature of the sport of ULTIMATE that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment.

We (I) release Grass Roots Ultimate, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

**Parent/Guardian:**

\_\_\_\_\_  
Name (Printed) Signature Date Phone

**Parent/Guardian:**

\_\_\_\_\_  
Name (Printed) Signature Date Phone

**Family Physician:**

\_\_\_\_\_  
Name (Printed) Address Phone

**Preferred Hospital:** \_\_\_\_\_

**Child's Medical Insurance Carrier:** \_\_\_\_\_  
Name Phone

**Emergency Contact:**

\_\_\_\_\_  
Name (Printed) Address Phone

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed forms should be given to the chaperone (captain and league administrator). Chaperones are responsible for keeping these forms on site at all times. Grass Roots Ultimate does not collect these forms until completion of the season.**