

**SANTA MONICA RUGBY CLUB**

PERMISSION TO PARTICIPATE, RELEASE, INDEMNITY  
and  
AUTHORIZATION FOR EMERGENCY MEDICAL AND DENTAL TREATMENT

**PERMISSION**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, hereby grant(s) permission for him/her to participate in the sport of rugby, and related activities, with **Santa Monica Rugby Club**, and further consent(s) that he/she may be transported to such activity in a private automobile operated by an adult or player volunteer. In granting this consent, the undersigned understands and acknowledges the physical nature of the sport of rugby and the risks inherent in such physical activity.

**IT IS UNDERSTOOD** that adult supervision of the activity will be under the direction of the coaches and the mandatory conditions for volunteer player drivers are: a valid California Drivers License; parent permission to operate the automobile to transport other players; the automobile to be driven is in good operating condition; proper automobile liability insurance; and only the correct number of players are to be in the vehicle. This means **ONE PLAYER PER SEAT BELT**. Transporting players in the back of a pick-up is **NOT ALLOWED**.

**RELEASE AND INDEMNITY**

In consideration for the above player being permitted to participate in the activity specified above, the undersigned agree(s) to not make or join in a claim or civil suit for injury, death or property damage against **Santa Monica Youth Rugby, Santa Monica Rugby Club, Southern California Youth Rugby, Southern California Rugby Football Union and its constituent bodies, USA Rugby, the Southern California Rugby Referees Society and all affiliated entities**, including, without limitation, their respective administrators, staff or volunteers participating in the above activity and hereby release(s) those entities, including, without limitation, their respective administrators, staff or volunteers, from all actions, claims and demands the undersigned or the player may hereafter have for injury, death or property damage, as consistent with public policy, arising out of participation in the activity specified above.

Further, in a claim or civil suit is made or brought against **Santa Monica Youth Rugby, Santa Monica Rugby Club, Southern California Youth Rugby, Southern California Rugby Football Union and its constituent bodies, USA Rugby, the Southern California Rugby Referees Society and all affiliated entities**, including, without limitation, their respective administrators, staff or volunteers as result of the actions of the above-named player for injury, death or property damage, the undersigned agree(s) to indemnify and hold harmless the afore-mentioned, including, without limitation, their administrators, staff or volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence or intentional misconduct of the above-named player, whether such negligence is active or passive and whether individually or in concert with others.

**AUTHORIZATION**

The undersigned as parent(s) or legal guardian(s) of the above named minor player hereby authorize and grant to the supervising or a participating adult permission in the event of illness or injury while participating the activity specified above to consent to the following:

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provision of the Dental Practice Act.

Said, authorization to include the release of any medical or dental records to the attending physician or dentist for review.

Date:

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_  
Parent or Guardian Parent or Guardian

Telephone Number : Home \_\_\_\_\_ Cell phone \_\_\_\_\_ Work \_\_\_\_\_

Name of Alternate if above cannot be contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Print name of player: \_\_\_\_\_ Players's date of birth: \_\_\_\_\_