



Boy's Middle School Rugby Club

Informed Consent/Responsibility Statement

I, _____ voluntarily agree to participate in activities associated with the **Palatine Rugby Football Club Inc NFP (aka Palatine Pioneers)**.

I understand that participation in the sport of rugby football is accompanied by an inherent risk of injury. This risk may include, but is not limited to, musculoskeletal injury, fractures, lacerations, spinal cord injury, head trauma, and in very rare instances, death. I accept this risk and agree to hold harmless any and all officers, coaches, administrators and medical personnel associated with the Palatine Rugby Football Club Inc NFP (aka Palatine Pioneers) for any occurrence of injury.

Further, I understand that said risk extends to transportation to and from, and participation in, all Palatine Rugby Football Club Inc NFP (aka Palatine Pioneers) activities. This may include, but is not limited to, practice sessions, meetings, matches, fund raising events and coaching clinics.

Further, we, the undersigned participant and parent/guardian accept responsibility for the procurement of appropriate medical clearance for this activity and agree to 1) reveal to the coaching/training staff any condition which may impact this athletic activity and 2) comply with all Articles of the *Palatine Rugby Football Club Inc NFP (aka Palatine Pioneers) First Aid and Emergency Procedure*.

I accept full financial responsibility for any and all expenses related to any and all injuries related to the aforementioned activities which I may suffer. I am aware of, and in compliance with, the requirement of the United States of America Rugby Football Union that all participants have medical insurance coverage.

I understand and accept that while participating in Palatine Rugby Football Club Inc NFP (aka Palatine Pioneers) activities that I will be expected to conduct myself according to the highest levels of ethical and sportsmanlike behavior. I agree to accept full responsibility for any illegal or unsportsmanlike behavior while involved in these activities.

Signed/Participant _____ Date _____

Signed/Parent/Guardian _____ Date _____

Relationship of Parent/Guardian to Participant _____

Witness _____ Date _____

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