



2013 New Haven Rugby 7s Rugby Tournament

Saturday July 26th, 2014

Quinnipiac Fields, 1325 Cheshire Street, Cheshire, CT

Team Registration, Waiver and Indemnification Form

By my entry into the 2014 New Haven Rugby 7s Rugby Tournament (hereinafter referred to as the "Tournament") and my signature below, I expressly agree and understand:

1. I acknowledge that rugby and related sports activities including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present.

2. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE.

3. I understand that no refunds of any fees will be given for any reason.

4. I understand that if I am, or my child is, under the age of eighteen (18) and consent(s) to play Under-19s or Adult rugby, any associated risk with playing with Adults who may be stronger and more physically developed than I am, or my child is, is accepted.

5. I hereby irrevocably grant and convey to "New Haven Rugby" all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at or incident to the Tournament. I further irrevocably grant to New Haven Rugby, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of New Haven Rugby. I agree that all intellectual property rights to the sound, still, or moving images belong to New Haven Rugby. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

6. I acknowledge that as a Participant in Sports Activities I have certain duties under Connecticut law and additional duties pursuant to this Registration, Waiver and Indemnification Form which include, but are not limited to, the following:

a. I am the sole judge of the limits of my skills and ability to meet and overcome the inherent risks of Sports Activities.

b. I affirm, warrant and represent that I have valid medical insurance that will cover catastrophic injury and the voluntary participation in Hazardous Activity.

c. I will abide by the directions and instructions of the referees, on-site medical personnel and Tournament officials.

d. I will familiarize myself with the Rules, Laws and Regulations of the game of Rugby as promulgated by the International Rugby Board (IRB) and which are readily available for my review on the World Wide Web at http://www.irblaws.com/downloads/EN/IRB_Laws_2011_EN.pdf

e. I will not enter the field of play at any time, unless it is to render medical assistance, and then only at the direction of the referees, on-site medical personnel and Tournament officials.

f. I will not engage in unlawful or non-consensual contact with other participant that is not authorized by the Rules, Laws and Regulations of the game of Rugby as promulgated by the IRB.

g. I will wear only the equipment and devices authorized under the Rules, Laws and Regulations of the game of Rugby as promulgated by the IRB, subject to the inspection and final interpretation of the referees, on-site medical personnel and/or Tournament officials.

h. If involved in an accident, I will not depart from the Tournament area without leaving my name and address with the tournament officials if reasonably possible.

i. If I am injured (or if my child is injured) I will give notice of the injury to tournament officials before leaving the Tournament area.

I agree that a violation of any of the duties set forth above entitles the Tournament officials to withdraw my privilege of participation in the Tournament, and my right to use the equipment and facilities in the Tournament area. I also agree that if I violate any of these duties, this is evidence of my fault for any injuries or damages that may result.

IN CONSIDERATION OF PARTICIPATING IN THE TOURNAMENT, I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS ACTIVITIES, AND OLD BLUE RUGBY FOOTBALL CLUB, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES, OR ANY OTHER USE OF THE FACILITIES OR EQUIPMENT OF THE TOURNAMENT. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF THE OWNERS OR OPERATORS OF THE TOURNAMENT AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.

In the event of any claims or litigation arising out of or in connection with participation in any activity at the Tournament, the venue for legal proceeding shall be the State Courts in Connecticut. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Connecticut law.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE AND INDEMNITY AGREEMENT which may prevent me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

TEAM NAME: _____ TEAM LOCATION: _____

TEAM REPRESENTATIVE: _____ CONTACT NUMBER: _____

PAID BY: _____ Pay Pal _____ Check Payable To: "NEW HAVEN RUGBY"

1. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

2. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

3. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

4. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

5. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

6. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

7. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

8. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

9. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____
10. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____
11. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____
12. _____
PARTICIPANT NAME: _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

ADDITIONAL RIDER FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

1. _____ PARTICIPANT NAME:
_____ PARENT OR GUARDIAN NAME: _____
PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
2. _____ PARTICIPANT NAME:
_____ PARENT OR GUARDIAN NAME: _____
PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
3. _____ PARTICIPANT NAME:
_____ PARENT OR GUARDIAN NAME: _____
PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
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PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
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PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
7. _____ PARTICIPANT NAME:
_____ PARENT OR GUARDIAN NAME: _____
PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

8. _____ PARTICIPANT NAME:

_____ PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

9. _____ PARTICIPANT NAME:

_____ PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

10. _____ PARTICIPANT NAME:

_____ PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

11. _____ PARTICIPANT NAME:

_____ PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

12. _____ PARTICIPANT NAME:

_____ PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____