

## Boise Ultimate Scene Youth (BUSY) - Liability Waiver

In consideration of \_\_\_\_\_, my child/ward, being allowed to participate in any way in the Boise Ultimate Scene Youth Tournament and Season Play related events and activities, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, Boise Ultimate Scene Youth; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, for myself, my spouse, and child/ward, have read this release of liability and assumption of risk agreement, fully understand its terms, understand that we have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

Date Signed: \_\_\_\_\_

### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

Date Signed: \_\_\_\_\_

**BUSY Medical Authorization Form 2020**

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 [Name of coach]

\_\_\_\_\_ 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, certified athletic trainers, and/or other medical or hospital personnel to render such treatment. We also give permission for an authorized adult, director, mentor, and/or coach to drive said participant to the emergency room if deemed necessary and urgent at the discretion of said authorized adult.

We (I) release BUSY, its coaches, 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, Date, Phone*

**Family Physician:**

\_\_\_\_\_  
*Name Printed Address Phone*

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

**Child’s Medical Insurance Carrier:** \_\_\_\_\_

*Name, Phone*

**Emergency Contact:**

\_\_\_\_\_  
*Name, 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: \_\_\_\_\_