

Participant Information and Waiver



Real Name: _____

Skate Name: _____

Address: _____

Email: _____

Phone (type): _____

Emergency Contact Name 1: _____

Relationship: _____

Phone (type): _____

Emergency Contact Name 2: _____

Relationship: _____

Phone (type): _____

USARS No. (if applicable): _____

Insurance Information:

Provider Name: _____

Policy No.: _____

Phone No.: _____

Special Instructions (e.g., allergies, special conditions, hospitals included in your plan, etc.):

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT
("Agreement")**

IN CONSIDERATION of being permitted to participate this date, in any way, at any time, in Women's Flat Track Roller Derby ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of this Activity, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in this Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME & LEAGUE NAME: _____ I HAVE READ THIS RELEASE

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ **DATE:** _____

PRIMARY HEALTH INSURANCE CARRIER: _____

Rose City Rollers Waiver Release and Covenant to Not Sue

READ CAREFULLY -- THEN COMPLETE AND SIGN

I, **(PRINT FULL NAME)** _____ hereby certify and declare:

IN CONSIDERATION of being given the opportunity to participate in any **ROSE CITY ROLLERS** roller derby activity (Activity), as a skater or otherwise, I, for myself, my personal representative, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of roller derby Activities, both on the court and off, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a.) ROLLER DERBY ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (“Risks”); (b.) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releases named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE and Warrant that I will examine and inspect each Activity in which I take part in and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY personally, without reservation, WAIVE, RELEASE, DISCHARGE, and COVENANT NOT TO SUE the Rose City Rollers, its organizers, directors, members, agents, officers, volunteers and employees, other participating Activity organizers or participants, any sponsors, advertisers, and if applicable, owners and lessors of equipment or premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.
5. FURTHER AUTHORIZE the person in charge to secure any necessary emergency medical services for me, agree to pay for such services and to save the Releasees herein harmless therefrom. Additionally, should medical attention beyond basic first aid be needed as the result of an injury sustained while participating, I understand it is my responsibility to complete an Accident Report within 14 days in order for any potential claim to be accepted.

I have read this agreement, understand its terms, know that I have given up substantial rights by signing it and have signed it freely, without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance shall remain in full force and effect.

Signature _____
Date

Skate Name (if applicable): _____

- Affiliation (circle):**
- | | | | |
|---------------|------------------|----------------------|---------------|
| Betties (BNB) | FreshMeat (FM) | Guns n Rollers (GNR) | Rosebuds (RB) |
| Heathers (HH) | Wreckers (WRKRS) | High Rollers (HR) | Referee/NSO |
| Wheels (WOJ) | Axles (AOA) | RCR Staff | Volunteer |