

2024 GLASS CITY BROOMBALL LIABILITY AND MEDICAL RELEASE FORM

Player's Name _____ Phone Number _____

Team Name _____ Coach _____

I do hereby attest that I am physically and mentally fit to participate in the sport of Broomball. On behalf of myself, my heirs, executors, administrators, and assigns, I hereby waive, fully release and discharge the Glass City Broomball (GCB), their officials, coaches, administrators, representatives and volunteers from any loss, expense, injuries, damage, rights, and all claims that I do or might sustain.

I understand that the sport of Broomball, like any sport, has inherent risk and that I acknowledge the significance and consequence of my specific intention to release any and all claims and hereby assume full responsibility for any and all injuries, expense, damage or loss that I may incur from playing in or practicing the sport of Broomball.

I also give my permission to have qualified personnel treat any necessary medical emergency that may arise until such time that a parent or guardian can be contacted.

I voluntarily accept all inherent risks related to exposure to COVID-19 by participating in Broomball, including risks resulting from the actions or negligence of participants, coaches, volunteers, facility staff, board members, myself and others associated with participation.

I understand that my name and picture and/or video may be used on, but not limited to, the GCB website, GCB Facebook page, and/or the media.

I understand that I may not leave the facility between games without parent/guardian permission. If I leave, my parent/guardian will be called.

By signing this document, I agree to abide by the GCB Bylaws.

This release is freely and voluntarily executed by me with the intent of being legally bound by this release and that I have signed this release after reading and understanding its terms and conditions.

Print Parent or Guardian Name (Printed) _____ Date _____

Signature Parent of Guardian
Player may sign if 18 or older, but must attach a copy of their birth certificate

Emergency Contacts – Must be over 21

Name _____ Phone _____

Name _____ Phone _____

Any medical conditions _____

