

2025 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 _____

