Rhea County Community Center

PLAYER RELEASE

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:_____ Email Address:_____

Emergency Contact: _____ Phone #:_____

TEAM NAME: _____ DIVISION:_____

PERMISSION REQUEST

I hereby release RC3 from all liability of any kind of personal injury or property damage due to participation in this program. I certify that I am in good health and am able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for myself to be photographed or videotaped and for those images to be used by the RC3 in the future. I understand that the RC3 will attempt to make up time lost due to severe weather, however if time cannot be made up, I understand that no refund will be provided. I understand that I cannot receive a refund for any reason, but can transfer my registration to someone else.

I, _____, authorize RC3 to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to myself if an emergency occurs when emergency contact cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will make every effort to contact my designated emergency contact.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: Insurance Company: _____

   Policy #: _____

_____ _____

Signature of Player Date