

## **PLAYER RELEASE**

Phone #: Phone #: Phone #: Phone #: 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,	Name:		
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Emergency Contact: Phone #:	City:	State:	Zip Code:
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	Please complete the following:		
<ol> <li>I/we will be responsible for payment of medical expenses.</li> <li>Medical treatment costs are covered by: Insurance Company:</li></ol>	•	•	
Policy #:		•	• •
Signature of Player Date	Signature of Player		