

LAS VEGAS RUGBY ACADEMY  
ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

Player Name \_\_\_\_\_  
Age \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

*In consideration of the participation with Las Vegas Rugby Academy (LVRA) and use of property, facilities of Sunset Park, Charles Frias Park, the undersigned agrees as follows:*

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities by Sunset park, Charles Frias park involves risk such as, but not limited to , the following which might results from the use of equipment, facilities, from the activity itself, from the acts of others, or from the unavailability of emergency or emergency medical care. RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.
2. **ASSUMTION OF RISK:** The undersigned ASSUMES ALL RISK THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those RISK FACTORS described in the section 1 above.
3. **PREREQUISITE SKILLS AND TRAINING:** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical abilities, and training necessary for proper and safe participation in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to participate in the activity itself, then they shall direct such questions to the appropriate staff member on site.
4. **RELEASE:** The undersigned RELEASES the Las Vegas Rugby Academy (LVRA), its coaching staff, employees, officers, volunteers, agents and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damages, cost of expense arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other faults of the parties being released.
5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment

**CONSENT AND RELEASE ON BEHALF OF MINOR**

I am the parent and/or legal guardian of the above named minor. I agree to be bound by the terms of this agreement. I also give my consent to the participation in the activity of the minor

Parent/Guardian Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_