

RALEIGH AREA DISC LEAGUE

Street address/ phone/ email

**MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In order for \_\_\_\_\_ (Minor) to participate in the Raleigh Area Disc League (RADL) event, I agree to assume the risks associated with such participation and, on my own behalf and on behalf of my heirs, executors, and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child in such activity and further damages, costs or expenses, including, but not limited to, attorney's fees and disbursements.

For this event, the released parties are the Raleigh Area Disc League, the Professional Disc Golf Association, the City of Raleigh, the Town of Zebulon, the Town of Knightdale and Wake County NC and their officers, affiliated clubs, regional sports organizations, respective administrators, directors, agents, and other employees, staff, officials and volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered before, during, or after such participation.

I declare that my child is physically fit and has the skill level required to participate in this particular event. I further authorize medical treatment for my child at my costs, if the need arises.

Name of Minor Participant/Date of Birth: \_\_\_\_\_

Minor Participant Signature: \_\_\_\_\_

Parent/Guardian (Printed Name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL AUTHORIZATION FORM**

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their Minor Participant who is injured or becomes ill while under the authority of the Raleigh Area Disc League in the event that parents or guardians cannot be reached.

This acknowledges that I, the undersigned parent/legal guardian of (Name of Participant)\_\_\_\_\_ recognize the potentially hazardous nature of disc sports and the possibility that an injury might be sustained. In the event of an injury to my child during his/her participation in a RADL event, and I cannot be contacted, I give permission to RADL to arrange for qualified and licensed physicians, paramedics, EMTs and/or other medical or hospital personnel to render such treatment and to take other such steps to render immediate first aide. I release RADL, its employees, agents, volunteers and assigns from any personal injuries caused by or having any relation to this activity. I understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

Name of Minor Participant/Date of Birth: \_\_\_\_\_

Parent/Guardian (Printed Name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address/Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_  
(Name) (Telephone Number)

Preferred Hospital: \_\_\_\_\_  
(Name) (Telephone Number)

Minor Participant's Medical Insurance Carrier: \_\_\_\_\_  
(Name) (Telephone Number)

Emergency Contact (other than Parent/ Guardian): \_\_\_\_\_  
(Name) (Relationship to Minor)  
(Telephone Number)

Specific facts concerning Minor Participant's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to:  
(Use other side if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_