

**MUFA 2013 Parental Consent Waiver**

Player's Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Emergency Contact (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Every player AND parent / guardian MUST read the Waiver and sign below.

**READ THIS DOCUMENT ("WAIVER") CAREFULLY BEFORE SIGNING. THIS WAIVER WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.**

In consideration of my minor child being permitted to participate in any way in the MADISON ULTIMATE FRISBEE ASSOCIATION sponsored Activities ("Activity"), I agree to the following:

1. I understand the nature of the MADISON ULTIMATE FRISBEE ASSOCIATION activities and the Minor's Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.
2. I hereby acknowledge that there may be no adult supervision, either provided by MUFA or otherwise, of Minor's participation in the Activity. Further, I understand it is my responsibility to attend and supervise any such Activity, regardless of whether an adult may or not be present.
3. I FULLY UNDERSTAND that:(a) MADISON ULTIMATE FRISBEE ASSOCIATION Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity or the condition in which the Activity takes place; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of the Minor's Participation in the Activity.
4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, MADISON ULTIMATE FRISBEE ASSOCIATION, its officers, directors, administrators, employees, volunteers, and agents (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account arising in whole or in part by the minor's participation in the activities of the Madison Ultimate Frisbee Association, and any associated Risks.
5. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I/We, the undersigned, referred to as the parent(s) or natural guardian (s) or legal guardian(s) of the applicant listed above do hereby represent that I/we am/are, in fact, acting in such a capacity each and all the parties herein referred to above as releases from all liability, loss claim or damage whatsoever may be imposed upon said releasees because of any defect in or lack of such capacity to so act and release said releasees on behalf of the undersigned.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**MUFA 2013 Parental INDEMNIFICATION AGREEMENT**

Player's Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Emergency Contact (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Every player AND parent / guardian MUST read the Indemnification Agreement below:  
**READ THIS DOCUMENT ("INDEMNIFICATION AGREEMENT") CAREFULLY BEFORE SIGNING. THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.**

In consideration of my minor child being permitted to participate in any way in the MADISON ULTIMATE FRISBEE ASSOCIATION sponsored Activities ("Activity"), I agree to the following:

1. 1. I understand that by executing a Waiver of Liability, I have released the MADISON ULTIMATE FRISBEE ASSOCIATION, its officers, directors, administrators, employees, volunteers, and agents (each considered one of the "Releasees") from all liability, claims, demands, losses, or damages on my account arising in whole or in part by the minor's participation in the activities of the Madison Ultimate Frisbee Association, and any risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ("Risks").
2. 2. Accordingly, I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the aforementioned Releases from ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, DAMAGES, or COSTS, INCLUDING ATTORNEY FEES, RELATED TO Minor's participation in the activities of the Madison Ultimate Frisbee Association and any associated Risks.
3. 3. I FULLY UNDERSTAND AND AGREE that if, despite the Release, I, the minor, or anyone on the Minor's behalf makes a claim against any of the Releases named above, I shall be responsible for ANY COSTS INCURRED BY THE RELEASES, INCLUDING BUT NOT LIMITED TO LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, COSTS or DAMAGES pursuant to the foregoing indemnity provision.
4. 4. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I/We, the undersigned, referred to as the parent(s) or natural guardian (s) or legal guardian(s) of the applicant listed above do hereby represent that I/we am/are, in fact, acting in such a capacity and agree to save and hold harmless and indemnify each and all the parties herein referred to above.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*\*\*ALSO SIGN THE ATTACHED CONCUSSION INFORMATION SHEET (you will not be allowed to play without both forms turned in) \*\*\*

## **CONCUSSION INFORMATION SHEET (PLEASE SIGN BELOW):**

### ***What is a concussion?***

A concussion is a brain injury, and all brain injuries are serious. Concussions are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications, including prolonged brain damage and death, if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion might show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

- Headaches
- Sensation of pressure in the head
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- Not feeling “right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- Feeling more emotional
- Confusion
- Concentration or memory problems (e.g., forgetting game plays)
- Repeating the same question/comment

### ***What can happen if my child keeps playing or returns too soon after a concussion?***

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under-report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes’ safety.

### ***What do I do if I think my child has suffered a concussion?***

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new Zackery Lystedt Law in Washington now requires the consistent and uniform implementation of return-to-play concussion guidelines that have been recommended for several years:

A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, sit the athlete out.

For up-to-date information on concussions you can go to: <http://www.cdc.gov/concussion/HeadsUp/youth.html>

***I have read all two pages of this Concussion Information Sheet and understand the nature and risk of head injury and concussion.***

Student-Athlete Printed Name \_\_\_\_\_ Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Printed Name \_\_\_\_\_ Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_