



**Arlington Stallions  
Rugby Club**

## **Informed Consent, Consent to Treat and Player Responsibility Statement**

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I, \_\_\_\_\_ voluntarily agree to participate in activities associated with the Arlington Stallions Rugby Club.

I understand that participation in the sport of rugby football is accompanied by an inherent risk of injury. This risk may include, but not be limited to, musculoskeletal injury, fractures, lacerations, spinal cord injury, head trauma, and in very rare instances, death. I accept this risk and agree to hold harmless any and all officers, coaches, administrators and medical personnel associated with the Arlington Stallions Rugby Club for any occurrence of injury.

Further, I understand that said risk extends to transportation to and from, and participation in, all Arlington Stallions Rugby Club activities. This may include, but not be limited to, practice sessions, meetings, matches, fundraising events and coaching clinics.

Further, we, the undersigned participant and parent/guardian accept responsibility for the procurement of appropriate medical clearance from the player's primary care physician for this activity and agree to 1) reveal to the coaching/training staff any condition which may impact this athletic activity or treatment in an emergency situation and 2) comply with all Articles of the *Arlington Stallions Rugby Club First Aid and Emergency Procedure*.

I also give consent to have Arlington Stallions Rugby Club Inc. coaches, staff or designated personnel provide me (or my child) appropriate medical assistance and/or treatment and agree to hold harmless and indemnify each and all ASRC personnel from all liability, loss, cost or other claim of damage whatsoever, including injury, death or damage to property.

I accept full financial responsibility for any and all expenses related to any and all injuries related to the aforementioned activities which I (or my child) may suffer. I am aware of, and in compliance with, the requirement of the United States of America Rugby Football Union that all participants have medical insurance coverage.

I understand and accept that while participating in Arlington Stallions Rugby Club activities that I will be expected to conduct myself according to the highest levels of ethical and sportsmanlike behavior. I agree to accept full responsibility for any illegal or unsportsmanlike behavior while involved in these activities.

### **Signatures:**

Participant \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_