

2019 SHIPWRECK 7s
CONSENT & MEDICAL INFORMATION FORM

Players Name	Team Name	Date of Birth (DD/MM/YY)	Age

Please circle one:

MENS – Open	WOMENS – Open	U19 BOYS	U19 GIRLS
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DETAILS OF ANY MEDICAL CONDITIONS/DISABILITIES OF THE PLAYER (IF NONE WRITE 'NONE')

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EMERGENCY CONTACT NAME:

EMERGENCY CONTACT TELEPHONE:

GUARDIAN DURING THE TOURNAMENT:

GUARDIAN CONTACT TELEPHONE:

DECLARATION

I confirm that to the best of my knowledge that I / my son / daughter does not suffer from any medical conditions (i) other than those detailed above and (ii) that would prevent me / him / her taking part in the 2019 Shipwreck 7s (the "Tournament") safely.

I hereby grant permission to the tournament's appointed trainer, physician or other hospital or emergency personnel to attend to the participant. I also allow for any emergency, medical and/or first aid to be administered to me / my son / my daughter, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from rugby activities while participating in the tournament. I authorize the diagnosis, treatment and/or hospital care of the participant in the event of an accident, injury, sickness, etc. and assume the responsibility for payment of any such treatment. In the event of serious injury, I expect that reasonable effort will be made to contact the parent/guardian/emergency contact of the participant in order to receive authorization before any medical treatment is undertaken. However, I agree to this treatment being authorized by a member of the event organization, who may sign any written form of consent required by hospital authorities should a surgical operation and/or medication be deemed necessary and providing that the delay to obtain my authorization might be considered by a doctor likely to endanger my / my son's / my daughter's health and safety.

I hereby confirm that I / my son / my daughter has appropriate medical insurance that provides coverage for injury and/or illness for the activities they are partaking in, including suitable cover where legal, medical, and repatriation costs may be required.

In accepting to play in the Shipwreck 7s, tournament organizers and other people involved in the organization of the tournament and the venue are excluded from any liability concerning injury or harm suffered by team players during the Tournament or for any direct, indirect or consequential loss or damage which you or any third party may incur in connection with participating in the Shipwreck 7s.

These limitations and exclusions do not affect statutory rights and only apply to the extent permitted by applicable law.

Participants in the Tournament may be photographed, filmed and / or interviewed during the course of the Tournament. I consent that photographs, films and interviews of participants may be used for the marketing purposes of Shipwreck 7s and their partners.

By completing and signing this consent form, I am confirming that I have read and accepted the terms above and have given permission for my son / daughter to participate in the Tournament. Such consent shall be irrevocable, worldwide and perpetual.

SIGNATURE

NAME:

SIGNATURE:

DATE:

PARENT/LEGAL GUARDIAN SIGNATURE (IF PLAYER IS BELOW THE AGE OF 18)

NAME:

SIGNATURE:

RELATIONSHIP TO CHILD: