

Medical Waiver Form - Smithfield Recreation Association, Inc
2011 Sport Sign-Up Waiver
To be completed for each player

This is to certify that I, parent of guardian of _____
In consideration of the Smithfield Recreation Association granting Permission to me and my children to enter upon and use the facilities and proper use of said Association and to engage in organized sports of said Association or in which said Association participants, I hereby waive all claims for injury, damage or loss to my person and property and/or my children which may be caused by any act, or failure to act, of Smithfield Recreation Association, it's officers, agents, or employees. I assume the risk of all dangerous conditions in and about the property, facilities, and activities of said Association and waive any and all specific notice of the existence of such conditions.

I also grant the Association, its officers, agents, or employees permission to administer emergency medical treatment to my child/children. If necessary, I grant permission for my child/children to be taken to the nearest hospital for emergency treatment.

Date: _____

Parent/Guardian:

Please Print

Signature

Part 4 - Complete part 4 per Family