



ISF EUROPEAN SCOOTER CHAMPIONSHIPS AT URBAN STREET ZONE 2ND / 3RD OCT 2021

Medical Release and Waiver

Completion Instructions: All participants for the International Scooter Federation (ISF) EUROPEAN QUALIFIER at Urban Street Zone (USZ) are required to complete this form. The form must be completed and returned to the competition/events organiser prior to entering the Event.

Your comp name here

In consideration of allowing me to participate in the Event:

- 1 **I ACKNOWLEDGE** and understand that taking part in the Event can involve certain risk and serious injuries not only from my actions but the actions of others.
- 2 **I DECLARE** that I am medically and physically fit and able to participate in the Event and will immediately notify ISF / USZ of any change to my medical condition, fitness, or ability to participate.
- 3 **I ACKNOWLEDGE** that ISF / USZ shall take all reasonable steps to assess the safety and suitability of the Event location prior to the Event. However, **I AGREE** that I will not take part in the Event unless I am completely satisfied with the adequacy and condition of the venue and skate park and all fixtures, fittings, equipment, goods, apparatus or other things supplied, provided or used in or in relation to the conduct of the Event.
- 4 **I ACKNOWLEDGE AND AGREE** that any medical information provided by me or which otherwise becomes known to ISF / USZ may be used to treat or otherwise assist me as a result of accident, illness or injury at the Event. Any information and data processed about me by ISF / USZ will be used solely in accordance with current data protection legislation.
- 5 ISF / USZ shall arrange for such first aid and/or medical personnel to attend as it considers appropriate for the Event. **I AUTHORISE** such first-aid or medical personnel (both on-site or on-call) to administer first aid treatment or any medical treatment to me or to transport me in the event of any illness, accident or injury suffered in connection with my participation in the Event or otherwise. ISF / USZ shall not be liable for such treatment or transportation. **I CONSENT** to any medical treatment, including but not limited to x-ray examination, laboratory procedure, anaesthetic, medical, or surgical diagnosis and treatment.
- 6 **I AGREE** that I will be responsible for any medical or transport expenses specifically incurred in connection with any illness, accident or injury sustained or occurring in connection with my participation in and/or attendance at the Event and **I CONFIRM** that I have made arrangements for my own medical insurance sufficient to cover full costs of medical treatment of any accidents, illness or injury during the Event.
- 7 **I HEREBY RELEASE** ISF/ USZ and its respective officers, directors, shareholders, consultants, employees, the ISA and agents from any and all claims that I may have or may have had but for this release or in connection with my participation in the Event and **I HEREBY INDEMNIFY** and will keep indemnified ISF/USZ in respect of any claim by any person arising as a result of or in connection with my participation in the Event.
- 8 **(Limitation)** Subject to Clause 9 and to the extent permitted by law **I ACKNOWLEDGE AND AGREE** that:
 - 8.1 ISF/USZ will not be liable for any loss or damage to my property whilst I am participating in the Event;
 - 8.2 Whilst ISF/USZ has taken reasonable steps to ensure that the any risks are minimised, ISF/USZ will not be liable for any loss, damage or injury to me whilst I am participating in the Event; and
 - 8.3 ISF/USZ shall have no liability whatsoever for any: indirect; economic; or consequential loss (and for these purposes consequential loss shall include without limitation all loss of profit and/or opportunity) suffered by me as a result of my participation in the Event even if ISF/USZ was aware of the possibility of such damages or losses arising, unless ISF/USZ has acknowledged and agreed in writing to be so liable.

9 **(Negligence)** Nothing in this omission of ISF/USZ, its employees, agents or Agreement excludes or limits ISF/USZ is liability authorised representatives, the ISA or as a for death or personal injury to the extent that the result of a deliberate personal repudiatory same arises as a result of the negligence or a breach of this Agreement by ISF/USZ deliberate act or

I acknowledge that I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of implied terms, release and indemnity.

Participant Information:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Age: _____

Emergency Contact:

First name: _____ Last name: _____

Phone: _____ Relation: _____

Participant Signature: _____

Date of Signature: _____

PARENTAL/GUARDIAN CONSENT

I, the Mother/Father/Guardian of _____, grant permission for him/her to participate in the Event. I have read and understood the terms and conditions set out in this Medical Release and Waiver and have explained them to _____.

I agree that the terms of this Medical Release and Waiver are to the benefit of _____ and are in his or her best interests.

I understand and agree that ISF/USZ, its representatives or nominees may administer first aid and/or medical treatment if _____ is injured or is ill whilst at the Event and may, if ISF/USZ considers it necessary, arrange transportation to and treatment away from the venue (or any warm-up venue) including at an appropriate hospital.

I will ensure that he/she fully performs his or her duties under this Medical Release and Waiver. I sign below on my own account and on his/her behalf.

PRINT NAME _____ SIGNATURE _____

RELATIONSHIP _____ DATE OF SIGNATURE _____