



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

Medical Release and Waiver

Completion Instructions: All participants for the **COMP NAME** 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 **COMP NAME** any change to my medical condition, fitness, or ability to participate.
- 3 **I ACKNOWLEDGE** that **COMP NAME** 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 **COMP NAME** 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 **COMP NAME**, will be used solely in accordance with current data protection legislation.
- 5 **COMP NAME** 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. **COMP NAME** 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** **COMP NAME** 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 **COMP NAME** and the ISA 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 **COMP NAME** will not be liable for any loss or damage to my property whilst I am participating in the Event;
 - 8.2 Whilst **COMP NAME** has taken reasonable steps to ensure that the any risks are minimised, **COMP NAME** will not be liable for any loss, damage or injury to me whilst I am participating in the Event; and
 - 8.3 **COMP NAME** 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 **COMP NAME** was aware of the possibility of such damages or losses arising, unless **COMP NAME** has acknowledged and agreed in writing to be so liable.

9 **(Negligence)** Nothing in this Agreement excludes or limits **COMP NAME** liability for death or personal injury to the extent that the same arises as a result of the negligence or a deliberate act or

omission of **COMP NAME**, its employees, agents or authorised representatives, the ISA or as a result of a deliberate personal repudiatory breach of this Agreement by **COMP NAME**

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 **COMP NAME**, 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 **COMP NAME** 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 _____