



CHILI BOWL FLAG FOOTBALL TOURNAMENT

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

Team Name: _____ Jersey Number: _____

GENERAL INFORMATION

First Name: _____ Last Name: _____
Birthdate: _____ Age: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Home Work

EMERGENCY CONTACT

Emergency Contact Name: _____
Relationship: _____ Primary Contact Number: _____
Alternate Number: _____
City: _____ State: _____

Alternate Emergency Contact Name: _____
Relationship: _____ Primary Contact Number: _____
Alternate Number: _____
City: _____ State: _____

MEDICAL INFORMATION

Primary Care Physician (if applicable): _____
Health Insurance Company: _____
Group/Policy Number: _____
Phone: _____

Current Medications: _____
Allergies: _____
Medical Conditions: _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, as a participant in Regent University’s 2011 Chili Bowl Intramural Flag Football League, agree to release, hold harmless, and indemnify Regent University, its employees, agents, contractors, subsidiaries, officers, or owners from any and all liability for accidents, injuries, loss and/or damage to me, to my property, and for any damages that we may cause to third parties, that may arise from my participation or presence at the activities for the Chili Bowl Intramural Flag Football League. I am aware that there are certain risks or possible dangers in participating in this activity. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event.

Signature*: **X** _____

*Signature of legal guardian required if player is less than 18 years of age.

I understand that at this or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

Signature: **X** _____