WASHINGTON THUNDER

Medical Waiver

                                                    

            I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission to

(Leave Blank)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  , who is a coach or team representatives of Washington Thunder team to seek emergency medical treatment for my daughter,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the case of an injury sustained while participating with Washington Thunder Softball.  This permission is valid only during the current sport season, with effective dates of September 1st 20\_\_\_ through August 20th, 20\_\_.

Washington Thunder Softball operates in compliance with Washington State Law regarding head injuries; ***A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.***

Please note medical conditions or prescriptions that could affect the proper      treatment of your daughter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implied Consent

                I am aware that fastpitch softball is a dangerous activity, and I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

                In consideration of my participating, I hereby release Washington Thunder 18A and any of its coaches, instructors, officers, directors or agents from any present and future claims, including negligence, for property damage, personal injury, or wrongful death, arising from my participating in fastpitch activities.

                Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in fastpitch club activities, including, but not limited to negligence, property damage, personal injury and wrongful death.

                I further understand that fastpitch activities that I participate in may be conducted at sites that are remote from available medical assistance; and nonetheless agree to proceed with such activities in spite of possible absence of medical

assistance.  I also understand that any equipment provided for my protection may be inadequate in preventing serious injury.

               I understand that Washington Thunder carries team medical insurance to cover players who are members of the team on an "excess" basis only, and that my/our personal insurance will be utilized first.

                I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature