



Hamburg Township Offices
10405 Merrill Rd., P.O. Box 157
Hamburg, MI 48139
(810)231-1000
www.hamburg.mi.us

Hamburg Township Sports Group Medical Waiver and Authorization

Player's Name (Registrant): _____

Group you participate with: _____

Gender: M F Birth date: _____

Township of Residence: _____ County: _____

Parent's Name(s): _____

Address: _____

Phone Number: _____ Alternate Phone #: _____

Email Address: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

The undersigned parent or guardian of the Registrant, does hereby represent that he/she is, in fact, acting in such capacity and is authorized to sign this document, and recognizing the possibility of physical injury associated with and in consideration for Hamburg Township providing its facilities to the Registrant for its sports program and related activities, gives consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or associated personnel provide the Registrant with medical assistance and/or treatment, agrees to be financially responsible for the cost of such assistance and/or treatment, and authorizes emergency transportation of the Registrant to a medical treatment facility should any of the above personnel consider it to be warranted. The undersigned parent or guardian, to the fullest extent permitted by law agrees to waive, release, discharge, and otherwise indemnify Hamburg Township, its elected and appointed officials, employees, volunteers or agents, from any and all liability, for death, disability, personal injury, incurred by the Registrant and/or for property damage, property theft or actions of any kind which may hereafter accrue relating to the stated use of the Township facilities, and holds these organizations harmless for any and all liabilities or claims made by other individuals or entities as a result of, or relating to, the Registrant's attendance at or participation in any practice, game or any event occurring on the Township facilities including such damages or incidents occurring during traveling to and from practices, games or any such event. These terms and provisions apply to both the registrant and his or her parent(s) or guardian(s).

I have been given educational materials on the signs/symptoms and consequences of concussions _____
Parents Initials

Signature: _____ Date: _____

Print Name: _____

Relationship to Participant: _____