

RELEASE AND HOLD HARMLESS AGREEMENT

1. **PRIVACY ACT STATEMENT:** The information is for use to determine eligibility for voluntary participation in activity of the Harrisburg 7's Rugby Tournament held at the Campbelltown Fire Company Fair Grounds. Disclosure of requested information is voluntary, but failure to disclose all or any part of it may result in denial of permission to participate in such activities scheduled for June 28, 2014.

2. **DECLARATION:** I desire to participate at my own risk in the activity described above. I represent that I will take all safety precautions necessary thereto, assuming sole and full personal responsibility for ensuring that all reasonable foreseeable safety requirements are met to my personal satisfaction prior to my active participation in such activity. I state that I am in good health, physically fit to engage in this activity, and have no known medical condition which could foreseeably jeopardize my safety during such participation or be aggravated by such participation. As a condition precedent to my being permitted to engage or participate in such activity, I personally hereby forever release, acquit, discharge, indemnify and hold harmless the Campbelltown Fire Company and the Harrisburg Rugby Club, its agents, officers, and employees, from any and all causes of action, including personal injury, illness, death, and property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my participation in the indicated activity.

3. **PERSONAL DATA AND TEAM ROSTER INFORMATION:**

Team Name: _____				
Position	Participant's Name	Address, City, State, Zip	Phone	CIPP ID #
1	Printed:			
	Signature:		Age:	
2	Printed:			
	Signature:		Age:	
3	Printed:			
	Signature:		Age:	
4	Printed:			
	Signature:		Age:	
5	Printed:			
	Signature:		Age:	
6	Printed:			
	Signature:		Age:	
7	Printed:			
	Signature:		Age:	
8	Printed:			
	Signature:		Age:	
9	Printed:			
	Signature:		Age:	
10	Printed:			
	Signature:		Age:	
11	Printed:			
	Signature:		Age:	
12	Printed:			
	Signature:		Age:	
I certify that information supplied above is correct and understand that failure to comply with the CIPP policy will result in a one to six week suspension of the team captain and/or the offending player.				
Captain Name (print) : _____				
Captain Signature : _____				
Captain Telephone : _____				