

# WASHINGTON FPS STATE BOWL MEDICAL RELEASE FORM

By **March 10, 2023**, 1) this Medical Release Form; 2) *signed* Publication Release/Statement of Authenticity and Rules and Regulation must be submitted to your coach's Dropbox. (see next page for Covid-19 information)

**PLEASE TYPE OR PRINT CLEARLY**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

School Name \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Accompanying Adult(s) \_\_\_\_\_ **FPS Competition #** \_\_\_\_\_

## MEDICAL RELEASE

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Medical Problems \_\_\_\_\_

Special Needs related to medical problems \_\_\_\_\_

Insurance Co and Policy # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

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**In case of a medical emergency for my child, I hereby authorize WAFPS, coach, or above named accompanying adult to use best judgment to seek medical attention through appropriate means, including emergency room treatment, as deemed necessary by attending medical personnel. I also accept responsibility for expenses incurred through such treatment.**

*I have read the Rules and Regulations for conduct of participants at FPS STATE BOWL. I, hereby, agree to my child's attendance under the stated conditions. Should my child fail to comply with any of the requirements specified in the Rules and Regulations, I agree to accept responsibility for his/her actions which lead to damage fees or other expenses, and to hold harmless WA FPS, Warm Beach Camp and Conference Center, and their permanent employees should violation of any of the regulations on my child's part result in personal injury.*

\_\_\_\_\_  
Parent/Legal Guardian Signature\* ( ) \_\_\_\_\_  
Parent/Guardian Daytime Phone

\_\_\_\_\_  
Parent/Guardian Printed Name \_\_\_\_\_ Date Signed

**\*If parent/legal guardian chooses not to sign the medical treatment release for reasons of personal belief, it is necessary to return a written signed set of instructions of what to do in case of a medical emergency.**

# Waiver of Liability and Indemnity Related to COVID-19

## Warning

*An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I acknowledge that participation in the WAFPS State Bowl brings some risk and I do hereby assume responsibility for my own well-being. I will follow all Centers for Disease Control and Prevention (CDC) guidance, and all posted instructions while visiting the WAFPS State Bowl. I understand, agree and hereby consent that my failure or disregard to follow all protocols in effect and required by WAFPS, CDC, the venue provider and governing authorities during my attendance at the WAFPS State Bowl is hereby sufficient grounds to be excluded from attending the event by WAFPS or an event authority, and I hereby consent in advance to leave and exit the event, without protest or refund, upon request by WAFPS or an event authority due to my refusal to follow said protocols.*

## Assumption of Risk

*I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to attend the WAFPS State Bowl and enter into the conference premises. The State Bowl is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to attend in person.*

## Waiver, Release, and Indemnification

As a condition of my participation in the WAFPS State Bowl, I, do hereby expressly waive any rights against and release and hold harmless WAFPS and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, and assigns (collectively "WAFPS") from and against any and all claims, suits, demands, losses, damages, expenses, or liability of whatever kind or nature (collectively "liability"), under any theory of law or equity, that may arise during or as a result of my presence at the premises, including but not limited to any such liability related to or arising out of illness, injury, or death associated with infection of COVID-19 or complications, symptoms, or other effects resulting from contracting COVID-19. I shall defend, indemnify, and hold harmless WAFPS against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out or resulting from any claim of a third party related to the Activities.

**I UNDERSTAND, AND IT IS MY EXPRESS INTENT, THAT THIS RELEASE AND WAIVER OF LIABILITY RELEASES WAFPS FROM SUCH LIABILITY EVEN IF SUCH LIABILITY RESULTS FROM OR IS CAUSED BY THE SOLE OR CONTRIBUTORY OR ACTIVE OR PASSIVE NEGLIGENCE, STRICT LIABILITY, OR OTHER LEGAL FAULT OF WAFPS OR ANY THIRD PARTY. I ALSO UNDERSTAND AND AGREE THAT WAFPS DOES NOT ASSUME ANY RESPONSIBILITY OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY ASSISTANCE IN THE EVENT OF INJURY OR ILLNESS. IN THE EVENT THAT I OR MY FAMILY MEMBER IS INJURED, BECOMES ILL, OR SUFFERS COMPLICATIONS DUE TO COVID-19, ALLEGEDLY AS A RESULT OF MY PARTICIPATION IN THE WAFPS STATE BOWL, I AGREE TO RELEASE AND HOLD HARMLESS WAFPS IN THE SAME MANNER AND TO THE SAME EXTENT AS SET FORTH ABOVE.**

**BY COMPLETING THE REGISTRATION FOR THIS EVENT, I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE. AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**