

**PARTICIPANT RELEASE & HEALTH FORM -  
MINOR**  
Eau Claire Curling Club



**\*\*\*\*\*This Release must be signed each year\*\*\*\*\***

The undersigned, being a parent or legal guardian of the minor curler (“Minor”) indicated below, hereby makes the following representations: (i) that the undersigned is legally responsible for the Minor and legally empowered to act for, on behalf of, and to execute this Participant Release and thereby bind the Minor; (ii) that the Minor will comply with the rules and regulations of the Releasees (as defined below); (iii) that the undersigned understands that the sport of curling is played on ice and requires physical fitness; (iv) that the Minor possesses such physical fitness; and (v) that the undersigned understands that the risks of the Minor participating in any curling activity could involve serious injury or death.

In consideration of the Minor being allowed access to the Ice House (as defined below) as a participant in any curling activity in the Ice House, I, the undersigned, for the Minor and the Minor’s estate, successors, heirs, beneficiaries, administrators, trustees, representatives, and attorneys do hereby remise, release, acquit, and forever discharge (i) Eau Claire Curling, Inc., a Wisconsin Corporation, (the “Club”); (ii) the United States Curling Association, Inc. (“USCA”); (iii) Wisconsin State Curling Association (“WSCA”); (iv) Eau Claire County (“County”); (v) the respective successors and assigns or each of the Club, USCA, WSCA and County; and (vi) the respective employees, officers, and directors, but only while acting in their capacity as such, of each of the Club, USCA, WSCA and County (collectively, the “Releasees”) from any and all actions, causes of action, claims, demands, and liabilities, both in law and equity for damages and any court costs and legal expenses and fees associated therewith in respect of physical, mental, and bodily injury occurring to the Minor while participating in any curling activity in the Ice House prior to the Expiration Date (as defined below); provided, however, that in the event such injury was caused, in whole or in part, by the willful, intentional, reckless, or grossly negligent action or failure to take action of any Releasee, such Releasee shall not be so remised, released, acquitted, or discharged hereby; and provided, further, that nothing herein shall be deemed to limit or exclude any action, cause of action, claim, demand, liability, payment, reimbursement, other benefit, or any court costs or legal expenses and fees that the Minor or the Minor’s estate, successors, heirs, beneficiaries, administrators, trustees, representatives, or attorneys might have or seek against (a) the Club’s “Participant Medical Accident” insurance coverage, (b) any other participant participating in any curling activity in the Ice House, or (c) against any other person or entity other than a Releasee.

The Ice House shall mean the single room containing four sheets of ice in which the sport of curling is played in the building located at 5530 Fairview Drive, Eau Claire, Wisconsin, 54701 operated by Club. The Expiration Date shall mean the date which is one (1) calendar year after the date this Release is executed below.

In the case that the Minor requires urgent medical attention and I cannot be reached, I hereby authorize (i) emergency personnel and medical practitioners selected by any of the Releasees or other chaperone of the Minor, in their reasonable judgment and sole discretion, to take any and all necessary measures on behalf of the Minor and (ii) the disclosure of the information set forth below to emergency personnel and medical practitioners by any of the Releasees or other chaperone of the Minor/

I hereby revoke any and all releases of liability, waivers, and indemnifications previously executed by me in favor of any of the Releasees.

**BEFORE SIGNING BELOW, I WAS GIVEN THE OPPORTUNITY TO READ THIS PARTICIPANT RELEASE AND TO CONSULT WITH AN ATTORNEY AS TO ITS SIGNIFICANCE. BY SIGNING BELOW, I UNDERSTAND THAT I AM WAIVING SIGNIFICANT RIGHTS. I UNDERSTAND THE MEANING OF THIS PARTICIPANT RELEASE AND THE RIGHTS I AM WAIVING. NOTWITHSTANDING THE FOREGOING, I HAVE CHOSEN, OF MY OWN FREE WILL, TO EXECUTE THIS PARTICIPANT RELEASE.**

<b>YOUTH/JUNIOR CURLER INFORMATION</b>		<b>SEASON: 201__/201__</b>	
LAST Name:	FIRST	Gender: M F	Birthday: / /
Street:			
City, State ZIP:			
Medical Insurance Carrier		Policy/Group No.	
Allergies, medical conditions, current medications:			
Emergency Contact & Relationship:		Phone:	
<b>PLEASE PRINT - Parent/Guardian</b>		<b>Date</b>	
<b>Parent/Guardian SIGNATURE</b>			
<b>THIS FORM MUST BE SIGNED ANNUALLY</b> <b>It is kept on file in the ECCC office should it be needed for a medical emergency.</b>			

11/30/2012

Most, if not all sports organizations, from schools to the World Curling Federation’s championship events, require completed health forms by participating athletes (of all ages). Mainly, this is to protect the athlete. This practice also alerts volunteers in charge of the events/activities, whether in local clubs or beyond, of any specific conditions an athlete may possess; while at the same time it provides “peace of mind” for the volunteers who put themselves at risk. Health form information is a consent to treatment, just in case something of a more serious nature occurs. There is a risk of injury in every sport and this is the method that the **United States Curling Association** (USCA) uses to handle risk management for the sport of curling.

Health care providers cannot lawfully provide treatment to a patient without consent. When a minor is involved, consent must be obtained from a parent or legal guardian. If a situation is life threatening, the law assumes that consent is given but once stabilized, a consent for further care must be in place. Providing the carrier and policy number will help overcome apprehensions by health care providers regarding rendering treatment before lawful consent is obtained. Just as important is the need for the attending physician to know if the athlete has any applicable allergies or is taking any medications.

We want to make sure that we’ve done everything we can to protect youthful athletes and that we have prepared effectively in an effort to keep them as safe as possible while participating at the club level or in USCA events.

*Dawn Leurquin, Event Services Manager*

