

# The Plex- Wavier/ Medical Release Form



**Consent for Medical Treatment** -In the unlikely event that medical attention may be I give my consent for emergency medical/surgical treatment.

**General Release** -As a participant at the Plex, I understand and agree that I assumes any and all risks, including personal injury or death, which might be associated with its activities and waive and release all rights, costs, and claims for damages for any claims brought which my child, heirs, executors, administrators, assigns, or I may have against The Plex, its directors, coaches, officials, or representatives for any and all injuries and damages of any kind suffered as a result of participation at The Plex.

	Player Name	D.O.B.	Parent Name	Parent Signature	Player Signature (18 or Older)	Date
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