

BROOMBALL INJURY WAIVER FORM

I, _____, being of sound mind and body acknowledge there is risk in participating in 2009 Broomball. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in the event in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact that the event will be a CONTACT SPORT ON ICE. I understand that the above mentioned acts can cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release **PSU IEGA**, its organizers, promoters, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I release **PSU IEGA**, its organizers, promoters, instructors, and members from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, impalements, joint dislocations, hyperextensions of bones and joints, defenestration, decapitation, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, partial or total dismemberment, heart attacks, strokes, bear attacks, loss of vision, concussion, fatalities, dental trauma, amnesia, death, emotional scarring, or any other injury or illness however caused, occurring during my participation in 2009 Broomball with **PSU IEGA**.

All participants are required to provide their own medical coverage.

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature: _____ Date: _____

Contact Information:

Name: _____ DOB: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Mobile) _____