



JEDDAH RUGBY FOOTBALL CLUB

Insurance Disclaimer

Jeddah R.F.C. Committee reserves the right to refuse membership.

All medical insurance details must be read and signed below.

This document is intended for person/s under the age of 18 years, though all players within Jeddah RFC should read the entire document and note areas where items are applicable to them.

Insurance Notification

The purpose of this form is to inform you of the health insurance policy of Jeddah RFC. Please read this entire document carefully, sign it, and date it at the bottom. It is important that this letter be signed and dated by the Parent/Guardian/Participant Member. You(r) son/daughter will not be eligible to participate in rugby until this document is completed and handed in. If you have any questions, please call:

Scott McCarthy – Membership Secretary on +966 534207335 or
E-mail: smcarthy@savola.com

Items covered within this disclaimer are as follows:-

- 1. Health Insurance Coverage Agreement**
- 2. Insurance Travel Form**
- 3. Permission to Provide Medical Treatment**
- 4. Assumption of Risk/Release of Liability**



J.R.F.C



JEDDAH RUGBY FOOTBALL CLUB

Insurance Disclaimer

1. Health Insurance Coverage Agreement

As the parent/legal guardian/participant of rugby, I understand that Jeddah RFC does not carry health insurance for their members. Therefore, I realise that **ALL** medical bills incurred as a result of myself/son/daughter participating in rugby with Jeddah RFC are my responsibility. I realise that it is mandatory for myself/son/daughter to be adequately covered by health insurance while participating in rugby at Jeddah RFC. This health insurance policy that I have chosen covers myself/son/daughter for accidents that occur from sports participation (broken bones, torn ligaments, dislocation, etc...). If I cancel or have my medical insurance discontinued for any reason, either voluntarily or involuntarily, I realise that all medical bills that may accumulate are still my responsibility and not the responsibility of Jeddah RFC. It is the responsibility of the Parent/Guardian/Participant to determine if the insurance the member is currently covered under is adequate for rugby participation and will cover the member in Jeddah, Kingdom of Saudi Arabia. Should the insurance not cover rugby all medical bills will be the responsibility of the parent/guardian/participant. The member must be covered during all participation of any type of sport/team related activity throughout the season year. This includes all pre-season, in-season, postseason and off-season activities that take place during the year and season of the sport. If the member is not covered during any of this time, they will not be allowed to participate. Any injury incurred will not be the responsibility of Jeddah RFC. It is the recommendation by the Jeddah RFC Committee that the member be covered for all 12 months while in Jeddah.

I have read the above agreement and understand its contents.

Print Members Name _____

Signature of Member _____

Date Signed _____

Print Parent/ Legal Guardian's Name _____

*Signature of Parent/ Legal Guardian _____

All information submitted will be treated as confidential and access to any information contained within will be limited to the Jeddah RFC Committee and/or coaching staff.



J.R.F.C



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2. Insurance Travel Form

Player Details:

Member Name: _____ Age: _____ Birth Date: _____

Local Address: _____

Phone: _____ City: _____ Area Code: _____

Emergency Contacts:

Emergency Contact #1:

Name: _____ Phone: _____ Relationship: _____

Emergency Contact #2:

Name: _____ Phone: _____ Relationship: _____

Personal Information:

Allergies: _____

Medications: _____

Circle if any apply: Heart Murmur Diabetes Epilepsy Contacts

Other Conditions: _____

Permission to Play Competitively:

As Parent/ Legal Guardian you're required to provide permission for the above mentioned person to play competitive rugby, even though he/she may sustain an injury during play.

Print Parent/ Legal Guardian's Name _____

*Signature of Parent/ Legal Guardian _____

Insurance Information:

Insurance Company: _____

Policy Holder's Name: _____

Policy or Member ID #: _____ Group #: _____



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3. Permission to Provide Medical Treatment

I, _____, hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired by me while engaged in rugby with Jeddah RFC or at any location in which Jeddah RFC will compete against opponents, by Medical Personnel that is a representative of Jeddah RFC or host club. I understand that the medical personnel will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery, I understand that every attempt will be made to contact my emergency contact(s)/ parent(s)/ guardian(s) for consent (if minor). I understand that if I suffer a potentially life-threatening injury or illness, and in the event that my emergency contact(s)/ parent(s)/ guardian(s) can not be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem. I have had time to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

Member Print Name: _____

Member Sign Name: _____ Date: _____



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4. Assumption of Risk/Release of Liability

I, _____, hereby acknowledge that I have voluntarily applied to participate in playing rugby with Jeddah RFC. I am aware that rugby can be a hazardous activity, and I am voluntarily participating in this activity with the knowledge of the dangers involved and hereby accept any and all risks of injury or even death.

As lawful consideration for being permitted by Jeddah RFC to participate in this activity and use its facilities, I hereby agree that I, my heirs, distributes, guardians, legal representatives, and assigns will not make claim against, sue, attach the property of, or prosecute, Jeddah RFC, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors as a result of my participation in this activity.

I hereby release Jeddah RFC, its affiliated organizations, owners, officers, employees, agents, servants, or contractors from all of its action, claims, or demands, I, my heirs, distributes, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting form my participation in rugby.

I realise the possibility that I may die, become paralyzed, or suffer brain damage or other serious injuries as a result of my participation in rugby. I realise neither the protective equipment, the safety rules, the coaching instruction, nor the sports medicine care I am provided will guarantee my safety or prevent all possible injuries. It is the intention of the undersigned to exempt and relieve Jeddah RFC and associated parties from liability for personal injury, property damage, and wrongful death.

Furthermore, I attest that I am physically fit and have sufficiently trained for rugby. I do not have any medical history or conditions that may exclude me from participation in rugby.

I have carefully read this agreement and understand its contents. I am aware that this release of liability is a contract between me and Jeddah RFC and its affiliates. I sign of my own free will.

Member Print Name: _____

Member Sign Name: _____ Date: _____