

Liability Waiver Statement & Medical Consent

The undersigned, in participating in athletics or trips with the Saginaw Chippewa Indian Tribe, does so at his/her own risk. The Saginaw Chippewa Indian Tribe, their employees, and agents shall not be liable to the undersigned, his/her heirs, executors, administrators, or assigns for any damage arising from personal injuries or death sustained by the undersigned during his or her participation from any cause whatsoever. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation. I have been seen by a doctor and was determined to be healthy enough for competitive competition. If injury occurs during participation, staff will make arrangements for emergency transportation. In the event reasonable attempts to contact me at the emergency numbers listed below have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or medical personnel; (2) the transfer of myself to hospital for treatment. I understand I am responsible for financial obligations incurred.

BY SIGNING THIS WAIVER YOU ARE CONFIRMING THAT YOU (1) UNDERSTAND YOUR RESPONSIBILITY AS A PARTICIPANT (2) YOU READ THIS INFORMATION (3) YOU ASSUME ALL RISKS ARE INCIDENTAL TO THE SAGINAW CHIPPEWA INDIAN TRIBE

(Print Name)

(Participant Signature)

Date

EMERGENCY CONTACTS

NAME: _____ PHONE NUMBER: (____) _____ - _____

NAME: _____ PHONE NUMBER: (____) _____ - _____

INSURANCE INFORMATION

POLICY HOLDERS NAME: _____

INSURANCE COMPANY: _____

POLICY# _____

PLEASE LIST YOUR MEDICAL HISTORY BELOW

Allergies, asthma, medications or other health related issues that the staff should be aware of: _____

MAILING ADDRESS: _____ TELEPHONE NUMBER: (____) _____ - _____

SCIT Parks & Recreation
7070 E. Broadway Mt. Pleasant MI, 48858
Telephone: (989)775-4518 OR (989)775-4502
Fax: 989-775-4093
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