

Consent to Transport Waiver and Release Form

The Alpha Leagues | Alpha Female League [parent nonprofit org] | WePlay4theCause Sports
PO Box 741471 | Dallas, TX 75374 | 214-429-1426

Rider Name: _____ Birth Date: _____ Grade [if applicable]: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Rider Phone [if applicable]: _____ Rider Email [if under 18]: _____

Parent or Guardian Name: _____

Parent/Guardian Phone [if under 18]: _____ Parent/Guardian Other Phone [if applicable]: _____

Parent/Guardian Email [if under 18]: _____

Does the rider have any special medical condition or health problem which the transporter should be aware of?

Transportation Waiver and Release:

I, the undersigned, give my consent for the rider identified above to be transported by Alpha Female League (WePlay4theCause, The Alpha Leagues, Warriors Sports Club, DFW Jr Warriors, and any other subsidiary) and will assume all liability for their transportation to and or from destinations but not limited to activities, events, sports venue, outing, etc. and any injury that may happen in the duration of the transport or at or during said participation.

Further, by signing below:

1. I authorize Alpha Female League, its subsidiaries and or its affiliates to acquire and provide transportation for me, my child or children.
2. I will not hold Alpha Female League, its affiliates, officers, clergy, agents, employees, members, volunteers, or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the act of such transportation or any activities in the duration of travel.
3. I authorize Alpha Female League to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such transport, before, during and or the duration of travel, and agree to accept the cost of the transportation and/or any treatment that may be necessary by medical personnel or facility.
4. 5) I accept full responsibility and hereby grant permission for transportation and or transportation for my minor child/children to travel with Alpha Female League (and its subsidiary programs, affiliates or organizations).

Signature: _____ Print Name: _____

Relationship to Rider [i.e. self, parent, guardian]: _____ Date: _____

Consent to Transport Waiver and Release Form: Page 2

EMERGENCY AND MEDICAL INFORMATION

The undersigned, parent(s), or legal guardian(s) of the rider hereby agree to the following terms and conditions set forth below:

In the event of accident or emergency, when a parent/guardian is unavailable, a representative of Alpha Female League Inc is hereby authorized to make such arrangements as he/she considers necessary for the Rider to receive medical/hospital care, including necessary transportation. Under such circumstances, the Rider and the parent(s)/guardian(s) further authorize the physician named below to undertake such care and treatment of the Rider as he/she considers necessary. In the event the physician is not available, such care and treatment is authorized to be performed by any licensed physician or surgeon. The Rider and the parent(s)/guardian(s) consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. The undersigned and or parent(s)/guardian(s) understand(s) that the resulting expenses will be the responsibility of the Rider and or parents/guardians (if Rider is a minor).

The following is the best emergency information for the Rider:

Emergency contact: Name: _____ Tel. No. _____
Additional contact: Name: _____ Tel. No. _____
Name of Rider's Primary Physician: _____ Tel. No. _____

Please note any important medical or allergy information, including any limitation to or on medical treatment rendered to Rider: _____

****Please attach any important documentation***

[] Check here if there are no special problems or medical conditions that the staff should be aware of and no medication is required while on or during transport or activity.

[] Check here if any medication(s) are to be taken by Rider and is kept on their person. Please list: (Name of drug and medical condition it treats) _____

DIETARY RESTRICTIONS: _____

ALLERGIES: _____

My signature below authorizes Rider to participate in transportation by Alpha Female League:

RIDER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Consent to Transport Waiver and Release Form: Page 3

Riders Code of Conduct

As a participant in any Alpha Female League [herein "The Alpha Leagues"], Participants/Riders, agree that, during their participation in, attendance at, or during transportation of events, activities, sports, trips or other activities that they are responsible for their own actions.

Participant Will:

- Recognize that everyone participating represents The Alpha Leagues.
- Respect fellow participants/riders, adults and authority figures and others by refraining from harsh language, taking part in bullying or violence, refraining from harmful jokes or name calling, respecting the need for personal space, etc.
- Take accountability for my actions and health by eating and staying health, refraining from the use of tobacco, alcohol, and illegal drugs. I understand that the use of these substances is absolutely prohibited and I will be banned from future participation with The Alpha League.
- Respect the property of the Alpha Leagues, places I visit with The Alpha League and property of any others, including event venues, transportation, hotels, etc.
- Participate fully with good sportsmanship, attitude and efforts and abide by additional guidelines implemented.
- Avoid inappropriate behaviors or use of inappropriate language.
- Follow all instructions, rules and guidelines given by The Alpha League, its group leaders and chaperones without protest.
- Stay with the group or assigned sub-group at all times. I will not wander off alone or leave without letting the group organizer or leader know.
- I will report for all designated check-in times before, during and after.
- Hold safety in the highest regard and refrain from compromising my own safety or the safety of others.

Signatures:

In signing this Riders Code of Conduct, I voluntarily pledge to follow the Code of Conduct during my participation in The Alpha Leagues. I understand that if I fail to abide by these Codes, I may not be allowed to continue to participate in The Alpha Leagues and or may not be allowed to be a Rider with The Alpha Leagues.

Signature of Participant/Rider: _____ **Date** _____

We, the undersigned parents/guardians of the participant/Rider identified above, have read the Riders Code of Conduct and support its purpose and enforcement.

Parent/Guardian Name: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____