

FILLMORE YOUTH FOOTBALL ASSOCIATION

VOLUNTARY PARTICIPATION, LIABILITY WAIVER, MEDICAL AUTHORIZATION, AND ASSUMPTION OF RISK

Participant Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Team/Division: _____ Coach: _____

CONSENT TO PARTICIPATE

I, the undersigned parent/legal guardian, give permission for my child listed above ("Participant") to participate in all activities associated with the Fillmore Youth Football Association, including but not limited to practices, games, conditioning, travel, and related events.

ASSUMPTION OF RISK

I understand that participation in youth football and related activities involves inherent risks, including but not limited to:

- Sprains, strains, and fractures
- Cuts, abrasions, and contusions
- Head injuries, including concussions
- Paralysis or permanent disability
- Illness, including infectious diseases
- Death

I knowingly and voluntarily assume all risks, both known and unknown, even if arising from the negligence of others.

MEDICAL AUTHORIZATION & RELEASE

I authorize Fillmore Youth Football Association, its board members, coaches, volunteers, and representatives to obtain emergency medical care for my child if I cannot be reached. This includes transportation and treatment deemed necessary by licensed medical professionals.

I understand that:

- I am financially responsible for any medical care provided.
- The organization does not provide medical insurance coverage for participants.

WAIVER AND RELEASE OF LIABILITY

On behalf of myself and my child, I hereby release, waive, discharge, and hold harmless Fillmore Youth Football Association, its officers, directors, coaches, volunteers, sponsors, and affiliates from any and all liability, claims, demands, or causes of action, including those arising from negligence, related to:

- Personal injury
- Illness or disease
- Medical treatment
- Property damage
- Death

This release applies to all activities connected with participation in the program.

RULES & CONDUCT

I agree that my child will follow all rules, safety guidelines, and instructions provided by coaches and staff. I understand that failure to do so may result in removal from participation without refund.

PHOTO/VIDEO RELEASE (Optional)

I grant permission for my child's image or likeness to be used in promotional materials, social media, or publications.

Yes No

ACKNOWLEDGMENT

I certify that I have read and fully understand this document. I understand that I am giving up substantial legal rights on behalf of myself and my child and sign this agreement freely and voluntarily.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Emergency Contact Name: _____

Emergency Phone: _____