

Six Rivers Youth Football Conference, Inc.
Notice, Consent, Waiver, Authorization

PLEASE READ IN FULL PRIOR TO SIGNING:

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in SIX RIVERS YOUTH FOOTBALL CONFERENCE, Inc. (SRYF) or affiliated associations, athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,

2) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest SRYF and/or affiliated association representative immediately; and,

3) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(SRYF) and/or affiliated association, their officers, directors, officials, volunteers, board members, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

In consideration my minor child/ward being allowed to participate in any way, in SRYF/ affiliated associations and any other official SRYF events and activities, the undersigned agrees that SRYF is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

I, Hereby my signature grant permission for my child/ward to participate in any and all, SRYF sanctioned event(s), be they official or an official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date Signed: _____ Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

SIX RIVERS YOUTH FOOTBALL CONFERENCE

PHYSICAL FORM

NAME OF FOOTBALL PLAYER/CHEERLEADER: _____

DOB: _____

PLEASE INDICATE EXISTING PHYSICAL/MEDIAL PROBLEMS, MEDICINES BEING TAKEN, OR TREATMENT BEING RECEIVED: _____

PHYSICAL FINDING (TO BE COMPLETED BY MEDICAL PERSONNEL):

HEIGHT: _____ WEIGHT: _____ PULSE: _____ B.P: _____ / _____ VISION: _____

HEAD AND NECK: _____

CHEST, HEART AND LUNGS: _____

ABDOMEN: _____

EXTREMITIES: _____

I CERTIFY THIS INDIVIDUAL IS FIT TO PARTICIPATE IN EITHER TACKLE FOOTBALL/CHEERLEADING:

*DOCTOR'S SIGNATURE: _____ M.D

*MEDICAL PERSONNEL: _____

*LICENSE#: _____

*PHONE: _____

*ADDRESS: _____

*DATE: _____

SECTION IV-PARENTAL CONSENT, RELEASE AND MEDICAL TREATMENT AUTHORIZATION

We the parent(s)/guardian(s) of the candidate named herein, do hereby give my/our approval for all participation in this **Six Rivers Youth Football Conference, Inc (SRYF)** activities for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to My/Our child, including but not limited to transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, the conference/League, local team, organizers, sponsors, managers, coaches, supervisors, participants, persons providing transportation, and any organization this **SRYF** program may be affiliated with.

The **SRYF Conference** has acquired Accident-Medical Blanket Team Insurance Group Coverage at no cost to the candidate provided by the parent(s)/guardian(s) own personal and/or employee*s dependent group insurance. The **SRYF Conference** Accident Medical Insurance coverage provides for each injury incurred, subject to a deductible of \$0-\$100.00, a maximum Medical benefit of \$3,000.00 and a maximum Dental benefit of \$250.00 to natural teeth; providing medical/dental treatment commence within 60 days from date of injury and such treatment is required by an attending physician. Abdominal hernia, illness/disease and pre-existing conditions are not covered.

In executing the foregoing release I/We understand any claims for injury arising out of My/Our child's participation, must be reported to the Team Official within 30 days of injury; I/we understand the Proof of Loss forms must be completed in full and filed within 60 days of mailing; I/we understand any monies I/We paid to the team, does not constitute payment of insurance coverage; I/We do Indemnify the **SRYF Conference** and the Insurance Carrier should there be statement(s) by anyone that is in contradiction; I/We certify I/We can receive a copy of the Contract and the disclosure information upon request; I/We have read and understand fully, the provisions of this Consent/Release/Authorization, and I/We have signed it voluntarily.

FURTHER, I/We hereby grant authority to a qualified doctor of medicine or physician to render such medical treatment as said Doctor or Physician deems necessary under the circumstances.

MY/OUR EMPLOYMENT GROUP/INSURANCE CO. IS:

#/POLICY#/MEDI-CAL#:

DATE: _____

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME