

Participant Name: _____ Birth Date: _____

Swartz Creek Youth Football Waiver Release

In consideration of being allowed to participate in any way in Swartz Creek Youth Football / MYFL athletics/sports program, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
3. Release, waive, discharge and covenant not to sue Swartz Creek Youth Football / MYFL, its affiliated clubs, their respective administrators, directors, agents, employees, other members or participants, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise

I HAVE READ THE SEPARATE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/Guardian Name: _____

Contact Phone Number: _____

Medical Treatment Consent

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the Swartz Creek Youth Football to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Current Allergies, Conditions, or Medications: _____

Photo Release Consent

I agree to allow photographs of my child to be used by the Swartz Creek Youth Football Program for publicity purposes which may include leaflets, flyers, television, newspaper, advertisements, and the SCYF website and Facebook page. Please circle YES or NO below to provide acknowledgement.

YES

NO

Signatures

Parent/Guardian Signature: _____ Date: _____