



Mascoutah Little Indians Youth Football Program 2010 Season Waiver and Emergency Release

I, _____ (Parent or Guardian), authorize any physician, in the case of an emergency, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____ (Child).

CHILD'S MEDICAL INFORMATION:

Last Name: _____ First Name: _____ DOB: _____

Any known Allergies: _____

Medication athlete is taking: _____

Any known Medical Conditions: _____

Any known Asthma problems: YES or NO Does the athlete use an inhaler: YES or NO

Date of Last Tetanus Shot: _____

Any known Orthopedic Conditions: _____

Doctor/Physician Name: _____ Phone: _____

PARENT/ GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Emergency Contact Name and Number: _____

AUTHORIZED PERSONNEL

Persons listed below are authorized to pick up my child. I will inform the coaches involved if this information changes.

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

Notes:

AGREEMENT TO WAIVER OF CLAIMS AND LIABILITY RELEASE

In consideration of acceptance as a Participant in the Mascoutah Little Indians Youth Football program (hereafter the MYFP”), the undersigned Participant (hereafter “Participant”) and participant’s parent(s) or legal guardian(s) agree to the following Waiver of Claims and Liability Release (hereafter the “Waiver and Release”), which will cover events occurring from the time the Participant commences participation in MYFP until the termination of participation therein.

WAIVER OF CLAIMS AND LIABILITY RELEASE

It is the intent of the undersigned Participant and Participant’s parents or legal guardians to release Mascoutah Little Indians Football Program, and each of its respective affiliates, officers, directors, agents, sponsors, and employees collectively from any claims or liability to the fullest extent possible under the law, and to advance that intent the undersigned hereby agrees as follows:

1. WE UNDERSTAND AND HEREBY ACKNOWLEDGE THAT THE GAME OF FOOTBALL OR CHEERLEADING ARE CONTACT SPORTS THAT PRESENTS THE INHERENT RISK OF SERIOUS BODILY INJURY, AND OUR WAIVER AND RENUNCIATION OF CLAIMS IN THIS AGREEMENT EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE, OR ACCIDENT THAT MAY BE SUFFERED BY PARTICIPANT OR OTHERS RESULTING FROM THE PARTICIPANT’S PARTICIPATION IN THE GAME OF FOOTBALL OR CHEERLEADING IN CONNECTION WITH MYFP.
2. We the undersigned, as a Participant in and the parents or legal guardians of a Participant in MYFP, hereby waive and renounce any claims against MYFP, or any other person participating in MYFP, including without limitation any claims based on negligence, for any injury to the Participant or others, loss damage, sickness, accident, delay, or expenses of any kind whatsoever resulting from the Participant’s participation in MYFP.
3. We also agree to hold harmless MYFP from any and all claims arising out of the equipment or uniform supplied to Participant for use in MYFP, or the equipment or other materials used by MYFP staff in implementing the Football or Cheerleading.

4. We understand and acknowledge that MYFP does not guarantee the security or safety of Program sites, of the areas adjacent to and surrounding Program sites, or of any areas Participants may traverse on their way to or from program sites. We release MYFP from any and all claims arising out of accidents or events caused by a Participant or third parties not associated with MYFP, which incidents could occur on Program sites, in areas adjacent to or surrounding Program sites, or in areas traversed by Participants traveling to our Program sites. We further release MYFP from liability for any damage or injury that may occur as a result of the surface or condition of the Program site itself (e.g. the football playing field), or the condition of facilities or equipment used at the site.

5. We recognize that the Participant must obey the instructions of coaches, their assistants, and any other MYFP staff, and we have instructed the Participant to obey said coaches and other MYFP staff. We understand and acknowledge that MYFP staff reserve the right to terminate the participation in the Program of any Participant whose conduct may be considered by MYFP, in their sole discretion, to be detrimental to or incompatible with the interests and security of MYFP or sports program. In the event of any such action by MYFP, we understand and acknowledge that we will have no right to any compensation or damages from MYFP.

6. We represent and confirm that the Participant has undergone, or will undergo prior to commencement of his/her participation in MYFP, a full and comprehensive physical examination administered by a Board-certified physician who will supply to MYFP a letter certifying, on the basis of aforementioned physical examination, that the Participant is physically fit to play in the sports of full-contact football or cheerleading.

7. We further understand that should any medical services be provided or made available to the Participant in connection with his participation in MYFP, the provision or availability of which MYFP does not sponsor or guarantee, MYFP does not warrant or make any representation concerning the adequacy or continuation of such medical services, nor can MYFP be deemed responsible or held liable for any claims arising out of the provision of such medical services or the failure to provide or to continue to provide such medical services.

8. We also understand that MYFP cannot be held liable for any other services provided in connection with the MYFP, including without limitation any coaching, counseling, transportation, or security services.

9. If any portion of this Waiver and Release is declared invalid or unenforceable by a final judgment of any court of competent jurisdiction, we hereby agree that such determination shall not affect the balance of this Waiver and Release, but this Waiver and Release shall remain in full force and effect, as such invalid portion shall be deemed severable.

Note: The head coach is responsible for maintaining this consent form and have available at all games and practice events as it cannot be maintained by the hospital.

Full Printed Name of Parent / Legal Guardian: _____

Full Signature of Parent / Legal Guardian: _____

Date Signed: _____

Mascoutah Little Indians Youth Football Program Representative: _____

!! TURN IN TO HEAD COACH ON THE FIRST DAY OF PRACTICE !!