

FERNLEY YOUTH FOOTBALL LEAGUE

RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING

We hereby give permission for any and all necessary medical attention to be administered to our child in an emergency such as an accident, injury, or sickness, etc.: while he ___ she ___ is under the direct care of the FYFL Coaching Staff: until such time when we may be contacted. If in the event that we cannot be reached, this consent serves as permission for our child to receive treatment as necessary and determined by the appropriate medical authorities and health professionals.

We also assume responsibility for the payment of any medical treatment and have provided our child's insurance information. This consent is effective during the entire 2020 FYFL Football Season.

MINOR CHILD

Child's Name _____ DOB _____ Age _____

Address _____ City _____ Zip _____

Insurance Company _____ Name of Insured _____

Policy # _____ ID # _____ Relationship _____

Any known physical limitations, medications, allergies (including food) _____

Preferred hospital _____ Physicians name & number _____

IN CONSIDERATION OF _____ my minor child/ward ("my child"), being allowed to participate in any way in the **Fernley Youth Football League** program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD, 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 my child's participation; and,
- 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and /or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- 4) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5) I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 6. FYFL Communicable Disease Policy: While risk of one athlete infecting another with HIV/AIDS during competitions is close to non-existent, there is a remote risk that blood borne infectious diseases can be transmitted. The Nevada Athletic Commission and Nevada State Official Association have determined that children with communicable disease cannot participate in contact football/Cheer direct contact

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 SINGING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (DATE SIGNED)

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant.

(PARENT /GUARDIAN SIGNATURE) (PRINT NAME) (DATE SIGNED)