



Highland Youth Football **Waiver & Release**

Highland Youth Football (HYF) is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participation in athletic activities, we feel that you should be aware that the safety equipment and protective gear "cannot guarantee it will prevent all injuries". Joining an athletic team is a privilege, not a right.

I/We, the parents/guardians of the names participant below, hereby give my/our approval for participation in any and all Highland Youth Football activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Highland Youth Football, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities, practices or games for any claim out of injury to my/our child. The League has "Secondary Excess Accident Medical Group Insurance Coverage", only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. In executing the forgoing release, I/We the undersigned acknowledge and represent the (A) I/We understand that any claim for injury must be reported to the players' coach and/or an authorized organization/PYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to Highland Youth Football does not constitute a premium payment for insurance coverage.

I/We understand that participation in this sport involves certain inherent risks and that regardless of the precautions taken by Highland Youth Football or the participants some injuries may occur. Further, in recognition of the importance of shared responsibility for safety, I will remove my child and immediately report any observed hazardous conditions or equipment to the coach or Board Members of Highland Youth Football. In the event of an injury, I/We hereby give permission for our child, named below, to be transported to a nearby emergency medical facility. Additionally, we give permission for medical treatment to be administered as deemed necessary by the medical staff.

I/We hereby authorize Highland Youth Football, its representatives, and members to reproduce, adapt, and display in any and all media my child's name and/or photographs, silhouettes, or other reproductions of my child's physical image. I/We further give permission to reproduce, adapt, and display record of the sporting performance of my child that it may obtain as it pertains to the HYF sport he/she is participating in. I/We further release HYF from any claims or liabilities that I or my child by reason of the publication in any media whatsoever (including publication in or by any news media), use, adaption display or such use of my child's name and/or likeness.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT. I AM CONFIDENT THAT I FULLY KNOW, UNDERSTAND, AND APPRECIATE THE RISKS INVOLVED IN ACTIVE PARTICIPATION IN THIS PROGRAM. I am voluntarily requesting permission for my son/daughter to participate.

Print Name of Parent

Parent Signature

Date

Print Name of Participant: _____