

MILPITAS KNIGHTS

Football Skills & Training Clinic

INFORMED CONSENT & LIABILITY RELEASE AGREEMENT WAIVER

Participant's Full Name: _____

As the legal parent/guardian of the above mentioned participant, I hereby acknowledge that I've read and fully understand the risk, information and guidelines outlined by the California Department of Health for the subject: "Outdoor and Indoor Youth and Recreational Adult Sports" dated February 19, 2021 as it pertains to the health of my child.

Website link: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

As the legal parent/guardian of the above mentioned participant, I hereby consent and give permission for my child to participate in any and all activities during any and all Milpitas Knights Football Skills & Training Clinics.

I consent and give permission for the clinic administrators, staff, coaches and volunteers, to administer any basic first-aid care to the above mentioned participant and will inform them of any medical conditions that may restrict my child from certain activities.

I agree to release, indemnify, and hold harmless the clinic administrators, staff, coaches, volunteers, participants, sponsors and all associated leagues from any and all claims, arising from injury, illness or death of the above mentioned participant during any and all Milpitas Knights Football Skills & Training Clinics.

As the legal parent/guardian of the above mentioned participant, I have read and understand every word of this Informed Consent & Release Agreement Waiver, associated documents and information found within the provided website links:

(Parent/Guardian Signature)

(Parent/Guardian Printed Name)

(Today's Date)

****Please sign, date and upload this waiver into your online Registration Form at: www.milpitasknights.com**