

ACKNOWLEDGEMENT OF LIABILITY

I, the parent or custodian of _____, a participant as a player or cheerleader in the Boone County Pee Wee Football, Inc., and as such a player will be engaging in body contact or stunts occurring in the game of football or cheerleading, do hereby acknowledge and agree that the Boone County Pee Wee Football, Inc., its agents, representatives, team sponsors, coaches of its teams, and the owners of the real estates on which its football field is located shall not be liable for any injuries to my child, (child named above) that may occur while he or she is a participant as a player or cheerleader in the Boone County Pee Wee Football, Inc., and that I do hereby hold them harmless from any such injuries irregardless of whether such injuries may result from negligence or any other cause attributable to the Boone County Pee Wee Football, Inc., its agents, representatives, team sponsors, coaches of its teams, and the owners of real estates on which its football field is located.

I _____ understand that the equipment issued to my son and/or daughter is the property of Boone County Pee Wee Football, Inc., and I will be responsible for the return of said equipment to the league. I understand the league will bill me for any equipment not returned or intentionally damaged.

I understand this Acknowledgement of Liability form and agree to its conditions on behalf of my child.

Parent/Guardian Signature _____ Date _____

INFORMED CONSENT

I hereby give my permission for _____ to participate in football/cheerleading during the athletic season beginning in July, 20____. Further, I authorize the Boone County Pee Wee Football League to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in football/cheerleading is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this Informed Consent form and agree to its conditions on behalf of my child.

Parent/Guardian Signature _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Other _____

Family Physician _____ Phone _____