

# MANCHESTER YOUTH FOOTBALL ASSOCIATION.

## MEDICAL RELEASE FORM

### LIABILITY RELEASE:

I/we, the parents or guardians of \_\_\_\_\_ acknowledge and fully understand that he/she will be participating in activities that involve risk of serious injury, permanent disability and/or death resulting from their own actions, inactions, or negligence, and/or from the actions, inactions or negligence of others, the rules of play, the conditions of the premises or the conditions of any equipment used. In consideration of being allowed to participate in the Manchester Youth Football youth sports program and related activities, I/we release, waive, discharge and covenant not to sue Manchester Youth Football organization, its officers, agents, coaches, employees, volunteers or sponsors (collectively "MYF") and any owners and lessees of premises (specifically the City of New Franklin and Manchester Local Schools) used to conduct the program event(s) from any and all liability including but not limited to any claims, demands, losses or damages on account of injury, death or damage to property, caused or alleged to be caused in whole or part by the negligence of MYF or otherwise.

Parent/Guardian

Date

### MEDICAL RELEASE:

In the event that reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by any licensed physician or dentist in the event that the preferred practitioner designated below is not available; and to the transfer of my child to the preferred hospital if reasonably accessible:

Preferred Physician \_\_\_\_\_ Preferred Dentist \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Emergency Phone \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery is performed. Facts concerning my child's medical history including allergies, medications and any physical impairment to which a physician should be alerted include: \_\_\_\_\_

Furthermore, I certify that my child has full medical and hospital coverage through a family protection policy and my child has had physical within the last 12 months that have cleared him/her for participation consistent with Manchester Youth Football activities (including any conditions listed above). I'll assume any liability for expenses or physical damages to my child that might occur from activities related to the Manchester Youth Football program.

Parent/Guardian

Date