

LARAMIE YOUTH FOOTBALL

FALL 2023

MEDICAL RELEASE

Football is a contact sport. Even when players are in good health and physical condition, are properly equipped, coached, and supervised; the risk of physical injury, minor to severe, including death is present. The purpose of the LARAMIE YOUTH FOOTBALL, a non-profit corporation organized and operated by volunteers, is to provide education and instruction about the sport, to teach good sportsmanship and teamwork, and to provide opportunity for supervised play. If the child desires to play football, it is the parents' responsibility to determine the physical fitness of their child to participate and to determine whether the benefits of participation justify the risk of injury. Parents are advised to consult with the child's physician and to maintain health insurance for their child.

1. **Consent to Participate.** The undersigned parents here by consent to their child's participation in all phases of the Fall 2023 Tackle Football Program. If only one parents signs the Agreement, then such parent represent that he or she has full legal authority to do so.
2. **Consent to use Player Photos on Website.** The undersigned parents hereby grant permission to LYF representatives, to take and use: photographs and/or digital images of my child for use in news releases and/or promotional materials. These materials might include printed or electronic publications, websites, or other electronic communications. LYF may use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of LYF.
3. **Certification of Minor's Good Health.** The undersigned child and parents hereby certify that said child is in good health and physical able to participate fully in all phases of the Tackle Football Program.
4. **Assumption of Risk, Release and Agreement to Indemnify.** The undersigned child and parents hereby assume full responsibility for any and all risk (including death) which may occur to said child while engaged in the program of activities, conditioning, games, instruction and training provided by the Laramie Youth Football Association. In consideration of being allowed to participate in the program provided by the Laramie Youth Football Association, the undersigned hereby fully and forever release and discharge, and agree to indemnify and save harmless, the Laramie Youth Football Association, its directors, officers, coaches, agents, sponsors, and any other persons associated with it or provided equipment, facilities, or services to it, from all causes of action, claims, demands, damages, injuries (including death), or losses, present or future, whether known or unknown, anticipated or unanticipated, and resulting from, arising out of, or incident to said child's participation in the program.
5. **Responsibility of equipment.** The undersigned parents hereby agree to reimburse the Laramie Youth Football Association for any equipment issued by the Laramie Youth Football Association to said child and not returned by said child at the end of the season.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Laramie Youth Football athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any

unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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 SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Date of Birth _____ Age _____ Grade _____ School _____

Does your child have any medical concerns? If so, please explain: _____

