

**THREE RIVERS YOUTH FOOTBALL
ACKNOWLEDGMENT OF RISK AND LIABILITY RELEASE**

Participant _____ Phone _____
(Print clearly)

Address _____ Birth Date _____
Street City State Zip

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____
(Other than parent or guardian)

Activity: The participant desires to participate in football sponsored by Three Rivers Youth Football. Three Rivers Youth Football is a full contact sport with the possibility of injury, which could be severe.

Acknowledgment and Assumption of Risks: The undersigned recognizes that there are inherent risks in this type of activity and that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activities. The undersigned confirm that the Participant is physically and mentally capable of participation in the activity and desires to participate willingly and voluntarily. The undersigned assumes full responsibility for personal injury, accidents, or illness suffered by the Participant resulting directly or indirectly from participation in any of the activities contemplated by Three Rivers Youth Football.

Permission for Medical Care: The undersigned hereby gives permission to the adult sponsors of Three Rivers Youth Football to secure the services of a medical professional to provide necessary medical care to the Participant; provided that reasonable effort (in light of the degree of urgency of the Participant's medical need) shall first be made to contact the Participant's above named parent or guardian or emergency contact.

Release of Liability: The undersign hereby releases Three Rivers Youth Football, its Board of Directors, coaches, referees, agents, and servants from any and all liability, claims, demands, or actions, whatsoever arising out of any injury, damage, loss or death of the above named Participant or his / her property while he /she is participating in any of the activities associated with Three Rivers Youth Football.

Health Insurance: Three Rivers Youth Football does not provide Health Insurance for any participant. Insurance is solely the responsibility of the parent or legal guardian.

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian