**2021 MEDICAL CONSENT & RELEASE OF LIABILITY FOR SYFL PARTICIPANTS**

# PLEASE PRINT CLEARLY & READ BEFORE SIGNING

I hereby give permission for any and all necessary medical attention and treatment to be administered to my child/ward in an emergency such as an accident, injury, or sickness, etc., while s/he is under the direct care of SYFL Coaching Staff and/or participating in any SYFL activity or event until such time as I may be contacted. In the event that I cannot be contacted, this consent serves as permission for my child/ward to receive any and all medical attention and treatment determined to be necessary by appropriate medical authorities and health professionals. I assume responsibility for the payment of any medical treatment provided to my child/ward (except to the extent and in the amount covered by accident or liability insurance when available). This consent is effective during the entire 2021 SYFL Football/Cheerleading Season.

***MINOR CHILD***

Child’s Name Date of Birth

Address City Zip

Height Weight Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Insurance Company Name of Insured

Policy # ID# Relationship

***PARENT/GUARDIAN INFORMATION***

Mom Dad

Phone (home) Phone (home)

Phone (work) Phone (work)

Phone (cell) Phone (cell)

***MEDICAL INFORMATION*** (Please use back if necessary)

To provide your child with a positive experience PLEASE disclose any known medical or mental conditions that may require our attention: Allergies Medications / Dosages

Physicians Name Phone

Address Hospital

***EMERGENCY CONTACTS***

The following named people are to be contacted should the league be unable to reach a parent/guardian identified above, and shall be authorized to act on behalf of the parents/guardians in the absence of the parents/guardians:

Name Relationship Phone

Name Relationship Phone

IN CONSIDERATION OF my minor child/ward being allowed to participate in any way in the ***Sierra Youth Football League of Northern Nevada, Inc*** program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

**1)** The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

**2)** FOR MYSELF, SPOUSE/OTHER PARENT, AND CHILD/WARD, 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 child’s/ward’s participation;

**3)** I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual circumstance or have a significant concern regarding my child’s/ward’s readiness for participation in the program, and/or in the program itself, I will remove my child/ward from the participation and bring such circumstance/concern to the attention of the nearest league official immediately; and,

**4)** I myself, my spouse/other parent, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, coaches, league officials, the league itself, advertisers, and if applicable, owners and lessors of premises used to conduct any league event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s/ward’s involvement or participation in the SYFL program, activities and/or events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law;

**5)** I, for myself, my spouse/other parent, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child’s/ward’s, as well as my own, involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law;

**6)** I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant for myself and on behalf of my child/ward.

**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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (Date Signed)