



**COMMONWEALTH FOOTBALL LEAGUE ASSOCIATION
KNIGHTS FOOTBALL**

YOUTH WAIVER AND RELEASE OF LIABILITY/REGISTRATION/MEDICAL RELEASE FORM

In consideration of _____, my child/ward, being allowed to participate in any way in the Commonwealth Football League Association sporting events, practices, fundraisers, related events and activities, the undersigned:

1. Acknowledge and fully understand that my child/ward will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other similar risks not now known to us which may arise at a later time.
2. Agree that prior to participating, myself, my spouse, my child/ward will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Commonwealth Football League Association, their respective organizers, agents, coaches, and other players of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, successors or assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees.
5. I understand that should it be necessary, any and all medical expenses for my child/ward are my responsibility.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND IT AND SIGN IT VOLUNTARILY.

PARENT/GUARDIAN NAME: LAST NAME: _____ FIRST NAME & MIDDLE INITIAL: _____

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

PLAYER'S INFORMATION:

CHILD'S NAME: LAST NAME: _____ FIRST NAME & MIDDLE INITIAL: _____

DATE OF BIRTH: _____ MAILING ADDRESS _____

VILLAGE: _____ SCHOOL: _____ GRADE LEVEL: _____

PARENT/GUARDIAN INFORMATION:

CONTACT INFORMATION: CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

TO BE FILLED OUT BY DOCTOR:

I hereby release _____ to play tackle football during the upcoming 2016-2017 football season.

List any Allergies or other Medical Conditions:

Print Name of Doctor: _____ Signature of Doctor: _____ Date: _____