



YOUTH FOOTBALL INSURANCE DISCLAIMER

Participant's Name: _____

EMERGENCY AUTHORIZATION:

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I cannot be reached, please contact the following person who is hereby authorized on my behalf:

Emergency Contact: _____ Phone: _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

To accept registration and permit participation in Maryville-Alcoa-Blount Parks & Recreation programs by the named participant, I the parent or guardian of the said participant, hereby give my consent and agree to release, indemnify, and hold harmless Maryville-Alcoa-Blount Parks & Recreation, its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant. I acknowledge that Maryville-Alcoa-Blount Parks & Recreation does not provide medical insurance of any kind to participants.

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Maryville-Alcoa-Blount Parks & Recreation, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to the participant while participating in this Maryville-Alcoa-Blount Parks & Recreation sponsored activity.

The below signed parent or legal guardian has read and understood the above information.

Signature of Parent/Guardian: _____ Date: _____