

**Whiteland Warrior Junior Football**  
**Minor Medical and Liability Waiver**



**Consents and Agreements by Parent or Legal Guardian: READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_, \_\_\_\_\_  
Participant's Name Participant's Grade

my child/ward, myself, being allowed to participate in any capacity in the Whiteland Warrior Junior Football League (WWJFL), athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

**Medical Authorization-Grant of Consent.** I hereby certify that my child is in good health and may participate in all activities inherent in the game of football. In case of injury or emergency, I give my permission for my child to be rendered reasonable medical treatment including, but not limited to, treatment at the scene, by EMTs or others, and if necessary transportation to the nearest accessible medical facility. I authorize Whiteland Warrior Junior Football League (WWJFL) and its agents, directors, members, and volunteers to take whatever steps necessary to insure the health and safety of my child. \_\_\_\_\_(Initial)

**Liability Waiver.** As the parent (or legal guardian) of the above named minor, I understand football is a sport with inherent risks and potential injury, including but not limited to soft tissue injuries, broken bones, closed head injuries, paralysis and even death, and with this knowledge I grant permission for the minor to participate and do hereby waive, release, absolve, indemnify and agree to hold harmless the Whiteland Warrior Junior Football League (WWJFL) and its agents, directors, members, sponsors, volunteers, other participants and any other personnel or entities acting on its behalf from all tort and civil liability whether the result of negligence or for any other cause.

FOR MYSELF, SPOUSE, 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 child/ward, my own, participation; and,

- 1.) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and, \_\_\_\_\_(Initial)
- 2.) I, for myself, my spouse, my child/ward and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Whiteland Warrior Junior Football League (WWJFL), their officers, officials, agents, and/or employees, other participants, sponsoring agencies, tournament hosts, sponsors, advertisers, and if applicable, owners and leasers of the premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or losses or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW. \_\_\_\_\_(Initial)
- 3.) I for myself, my spouse, my child/ward, and on behalf of my/heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. \_\_\_\_\_(Initial)

**I HAVE READ THIS RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT AND PARENT CODE OF CONDUCT, FULLY UNDERSTAND ITS TERMS, HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

UNDERSTANDING OF RISK: *Parent/Guardian to read to participant*

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.

Print Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_