



INYFC TINTED VISOR WAIVER

Athlete's Information

Athlete's First Name: _____ Athlete's Last Name: _____

Team Name: _____

Division: 2nd 4th 5th 6th 7th 8th

I, _____, understand that football is a contact sport and comes with the risk of serious injury. I also understand that Inland Northwest Youth Football (INYFC) does not allow tinted or colored visors due to safety concerns.

I am requesting permission for my child to wear a tinted visor on their helmet, fully aware of the risks. Even with a doctor's note, I acknowledge that a tinted visor can make it difficult for coaches, referees, and medical personnel to assess a player's condition in the event of an injury, especially related to eye movement or consciousness. This delayed assessment could increase the risk of harm to the athlete.

By signing below, I accept full responsibility for this decision. I agree that INYFC, its associations, coaches, volunteers, and officials are not liable for any injuries, delayed treatment, or complications that may occur due to the use of a tinted visor.

I waive all claims and hold INYFC and all related parties harmless from any and all liability related to this choice.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

INYFC President's Name: _____

INYFC Presidents' Signature: _____ Date: _____