

# CTYFL

## WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

I/We hereby voluntarily permit my/our child/ward to participate in the Central Texas Youth Football League (hereafter referred to as "CTYFL"). I/we acknowledge that CTYFL is comprised of several independent Associations and all references to CTYFL will include each and every Association within CTYFL as well as the League itself.

Name of Child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**I/WE UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I/WE HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY/OUR INITIALS HERE. \_\_\_\_\_ (INITIAL HERE)**

As consideration for being permitted by CTYFL to participate in these activities, I/we hereby release and hold harmless the CTYFL board, volunteers, designated coaches, & program officials from all liability, and from all actions or claims that I/we or my/our child now or hereafter have for damage or injury to my/our child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my/our child's participation. I/We further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I/We further agree to indemnify and to hold CTYFL, its board members, officers, volunteers & affiliates free and harmless from any loss, liability, damage, cost or expense which may incur as a result of any injury and/or property damage that I/we or my/our child may cause or sustain while participating in this activity.

In case of a medical emergency, I/we hereby give permission to CTYFL Board & Volunteers to order treatment for my/our child, including any necessary medical treatment and/or diagnostic procedures. I/We also hereby give permission to CTYFL Board & Volunteers to disclose the information contained on this form to medical personnel. I/We understand that an attempt will be made to reach me/us by phone immediately. I/We agree to pay all medical, hospital, or other expenses, which my/our child or I/we may incur as a result of such treatment.

CTYFL does not disclose any nonpublic personal medical information, except as required or permitted by law. CTYFL also does not provide any medical or other insurance protection or benefits for those who use recreational equipment or engage in activities on any public or private property except for participants covered by CTYFL and then only during participation in a sanctioned CTYFL event.

**I/WE HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date