



| | |
|-----------------------|--|
| For Official Use Only | |
| Weigh-In Date | |
| Weight | |

20___ ATHLETE CONSENT FORM

The Metro Youth Football League is an athletic league dedicated to the purpose of organizing and conducting a competitive football environment, to inspire young people, regardless of race, color, creed or national origin; to practice the ideals of good character, fair play, fellowship, citizenship and sportsmanship; to keep the health, safety and welfare of our children foremost in our minds; and to teach the game of football as a means to achieving excellence in life.

I the parent or guardian of the below named candidate for the Metro Youth Football League, hereby give approval for his or her participation in any and all team or league activities during the current season. I assume all risks and hazards incidental to such participation. Including transportation to and from activities; and waive, release, absolve, indemnify and agree to hold harmless the Metro Youth Football League, the Organizers, Sponsors, Commissioners, Organizations, Coaches and Persons transporting the candidate to and from activities for any claim(s) arising from any injury to the candidate.

I grant permission to the Team or League Officials of the Metro Youth Football League to authorize and obtain medical care from any licensed Physician, Hospital or Medical Care Clinic should the candidate become ill or injured while participating in team or league activities. I also grant permission to the League Directors to obtain proof of age and proof of current academic level for my candidate from School Records and Bureau of Vital Statistics.

I proclaim to have the legal authority to register the named candidate, and hereby stipulate that I have read, understand, and voluntarily agree to all of the terms, statements, and conditions contained in this waiver. In the event I share legal custody of the named candidate, I proclaim to have fully collaborated with all other parents and guardians with shared legal custody and have their full permission to act. I have acquired unified consensus from all vested parties to grant permission for the named player to participate in MYFL activities.

MEDIA USE AND CONSENT

I hereby grant Metro Youth Football League and any of its member associations (hereinafter referred to as "MYFL"), the absolute right and permission to use my child's likeness in a photograph, video, broadcast, publish or copyright and use pictures of my child in which he or she may be included in whole or in part, composite or retouched in character or form, without payment or any other consideration. I hereby irrevocably authorize MYFL to edit, alter copy, exhibit, publish or distribute photographs and videos of me or my child for informational, educational, promotional, or publicity purposes concerning MYFL and its services. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs or videos. I understand and agree that these photographs and videos will become the property of MYFL and will not be returned. I also understand the photographs and videos may be used without any further consent or authorization from me. I hereby hold harmless and agree to release and forever discharge MYFL, its officers, employees, volunteers, coaches, or agents, from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on behalf of my estate have by reason for Authorization.

I proclaim with my signature below that the MYFL and/or a Member Organization have provided me the 'Heads Up Concussion In Youth Sports' fact sheet.

Print Players Full Name *Birthdate MM/DD/YY* *Age on June 1st*

School Attending (Fall) *Grade* *Anticipated High School (Required)*

Address *City, State, Zip*

Parent or Guardian Signature *Date*