

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Franklin Youth Football

I hereby give my permission for _____ to participate in TACKLE FOOTBALL.

In consideration of being allowed to participate in any way in the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE, related events and activities, the undersigned acknowledges, appreciates and agrees to the following:

- My child and I are aware that participating in TACKLE FOOTBALL is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.
- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. 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 my child's participation.
- In the event of an illness or injury, I give my consent for emergency medical treatment and permission to an attending physician to hospitalize, secure proper treatment and order injections, anesthesia or surgery. I will be responsible for any medical or other charges in connection with my child's care.
- My child will comply with all rules and regulations of the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE and its member organizations (copies of rules and regulations are available upon request from the member organization for which this application is intended).
- My child has had a physical examination within the last twelve months by a licensed physician and has received permission by this physician to participate in TACKLE FOOTBALL.
- Photos taken during the games and events may be posted on the club website.
- I, for myself, my child and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE, its members, officers, coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.
- I have read this RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement and agree to its conditions.

Signature of Parent/Legal Guardian

Date