



Valley Wolfpack Football & Cheerleading Association

Waiver of Liability, Consent for Medical Treatment & Indemnification Agreement

Name of Participant/Child: _____ Date of Birth: _____

In consideration for the above-named child's participation in Valley Wolfpack Football & Cheer Association Football/Cheer Program, the lawful parent(s)/guardian agrees to the following:

Emergency Medical Needs: If Participant is sick or injured or otherwise requires medical intervention, Parent authorizes Coach, athletic trainer, certified emergency personnel, and/or Doctor of Medicine to provide such treatment and/or emergency transportation so as to receive such treatment. Parent shall defend, hold harmless, indemnify and release VFCA, their coaches, board officers and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from emergency medical/hospital care or treatment that may be rendered pursuant to this authorization. Parent shall be responsible for all necessary charges incurred by any hospitalization, treatment, or emergency transportation rendered pursuant to this authorization.

Emergency Contact: In case of an emergency, Parent requests that the following individual be contacted:

Name	Cell Phone	Relationship to Child
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Medical Information: In case of an emergency, Parent requests that any of the aforementioned individuals providing medical treatment be made aware of the following allergies/medical problems which may interfere with or alter treatment:

Assumption of Risks: Parent understands that physical activity related to the VFCA, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve exertions of strength using various muscle groups, some involve quick movements including speed and change of direction, and others involve sustained physical activity. The specific risks Participant may be exposed to from participating in the VFCA program and activities can include, but are not limited to: head, neck and shoulder injuries; elbow and arm injuries; hand injuries; back injuries; hip injuries; knee and leg injuries; foot and ankle injuries; minor injuries; major injuries, such as arthritis, broken bones, fractures, internal injuries, ligament injuries, tendinitis, pinched nerves, or heart attacks; catastrophic injuries such paralysis or death; injuries resulting from equipment misuse or malfunction; injuries resulting from weather and/or acts of God such as storms, tornados or extreme heat; as well as property loss or damage. Parent is advised to seek the advice of a physician before allowing Participant to participate in the VFCA programs. Parent is further advised to have health and accident insurance in effect. Parent knows, understands, and appreciates the risks that are inherent in the above-listed Program and activities and Parent hereby asserts that Participant's participation is voluntary, and that Parent knowingly assumes all such risks.

Waiver and Release of Claims: In consideration of Parent's permission for Participant to voluntarily participate in the VFCA Football/Cheer Program, Parent, for himself/herself, his/her heirs, personal representatives or assigns and on behalf of Participant, shall defend, hold harmless, indemnify, and release VFCA, their Coaches, Board Officers, and volunteers, from and against any and all CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION OF ANY SORT ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY, OR PERSONAL INJURY, OR DEATH WHICH MAY RESULT FROM PARTICIPANT'S PARTICIPATION IN THE VFCA FOOTBALL/CHEER PROGRAM. THIS RELEASE INCLUDES CLAIMS BASED ON THE NEGLIGENCE VFCA, THEIR COACHES, BOARD OFFICERS, AND VOLUNTEERS, BUT EXPRESSLY DOES NOT INCLUDE CLAIMS BASED ON THEIR RECKLESS AND INTENTIONAL MISCONDUCT OR GROSS NEGLIGENCE. Parent understands that by signing this Agreement, he/she is releasing claims and giving up substantial rights, including his/her right to sue.

Signature of Parent or Guardian

Date