



YOUTH WAIVER AND RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF RECEIPT OF OHIO DEPARTMENT OF HEALTH CONCUSSION INFORMATION SHEET

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Superkick Columbus, Classics Eagles game and training locations, Olentangy Orange HS, or any of its subsidiaries or affiliates, and I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, to his/her participation in activities and instruction at Superkick, Classics Eagles game and training locations, Olentangy Orange HS, or any of its subsidiaries or affiliates (here to known as "the Youth Sports Organization."). For myself and on behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify the Youth Sports Organization, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages arising out of my minor child's or ward's involvement or participation in the programs at Superkick Columbus, Classics Eagles game and training locations, Olentangy Orange HS, or any of its subsidiaries or affiliates, whether or not arising as a result of the negligence of the operators of such facilities. Furthermore, I hereby acknowledge that I have received and read a copy of the Ohio Department of Health Concussion Information Sheet for the Youth Sports Organizations. This is to further certify that I, as parent/guardian with legal responsibility for my minor child or ward have received a copy of the Ohio Department of Health Concussion Information Sheet. Any person designated below as the "Coach" further certifies that he/she: (i) either holds a pupil-activity program permit for coaching interscholastic athletics or has successfully completed, within the three previous years, a training program in recognizing the symptoms of concussions and head injuries; (ii) has been informed of such requirements by the Youth Sports Organizations; and (iii) will remove an athlete under his/her supervision if the athlete exhibits signs, symptoms or behaviors consistent with having sustained a concussion or head injury.

	Coach/Players Name	Date	Parent/Coach or legal Guardian Signature	Email Address
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