



PAFA
Palatine Amateur Football Association

Medical and Code of Conduct Waiver
(one per family)

Player(s) LAST Name _____

Player(s) FIRST Name _____

By its very nature, the Palatine amateur football program involves body contact, substantial physical exertion, emotional stress, and/or use of equipment, which represents a certain risk. It is recommended that you check with your physician prior to participating in this activity. PAFA (Palatine Amateur Football Association) does not provide insurance protection for participants in this program. Please read the following information carefully and be aware that in registering your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries your child/ward might sustain arising from the program.

I give my child the permission to participate in this program and hereby waive, release and forever discharge any and all claims against the Palatine Amateur Football Association, its Board or volunteers for damages and/or injuries to the participant, which may arise from participation in this program.

Date _____

Parent Signature _____

Relationship to participant _____