



**GREATER BULLITT COUNTY YOUTH FOOTBALL LEAGUE, INC**  
[www.GBCYFL.com](http://www.GBCYFL.com)

**INSURANCE LIABILITY WAIVER**

**This document is to be completed in the event an athlete does not have medical insurance.**

Name of minor child: \_\_\_\_\_ DOB \_\_\_\_\_

By signing below, I am giving my child permission to participate in the Greater Bullitt County Youth Football League and acknowledge he/she does not have medical insurance.

The risk of injury to my child from the activities involved can be significant, to include potential permanent disability and death. While rules, equipment, discipline, and safety training is in place, the risk of serious injury does exist.

Initial Here

\_\_\_\_\_ For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my child's participation.

\_\_\_\_\_ I understand I am solely responsible for all medical costs incurred in the event my child does suffer an injury.

I have read this release of liability and assumption of risk agreement. I fully understand its terms and give my child permission to participate. I am signing voluntarily and without any inducement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signee \_\_\_\_\_

GBCYFL Witness \_\_\_\_\_ Date \_\_\_\_\_