

Westonka Youth Football (WYF)

Waiver and Release

I am the parent or legal guardian of the child "Participant" being registered. I hereby give my consent for the "Participant" to participate in all Westonka Youth Football (WYF) activities.

I acknowledge that participation in WYF activities entails certain inherent risks that cannot be eliminated regardless of the care taken to avoid such risks. Such risks include but are not limited to risk of serious injury and even death. I understand and appreciate these risks and acknowledge they are inherent in participation in WYF activities. I hereby acknowledge that "Participant" is participating voluntarily and that I, on "Participant's" behalf, knowingly assume all such risks.

In consideration of me or "Participant" being allowed to participate in WYF activities, I on behalf of myself, "Participant", and the heirs, personal representatives or assigns of myself and "Participant", hereby forever release, waive, and discharge WYF and its directors, officers, and agents from and covenant not to sue any of them regarding any liability for damage or injury or claims therefore (including such that arise from the negligence of WYF arising out of or in any way resulting from participation in WYF activities.

I, on behalf of myself and "Participant", shall indemnify, hold harmless and defend WYF from and against any injury or damage of any kind, and any claim therefore, arising out of or resulting from my or "Participant's" participation or involvement in any WYF activity, and such indemnification and hold harmless shall apply and be fully enforceable even if such injury or damage arises out of the negligence of WYF.

In the case of need for treatment of any injury to "Participant", I authorize and approve of emergency treatment of any injury; request that WYF contact me before "Participant" is taken to the doctor or hospital; request that if "Participant" must be taken to a doctor or hospital then "Participant" be taken to the doctor and/or hospital of my choosing and agree that if WYF is unable under the circumstances to contact me or take "Participant" to the doctor or hospital, then WYF may take the participant to any available doctor or hospital.

All information submitted in the registration form may be provided to the coach or coaches of "Participant's" team.

I, on behalf of myself and "Participant", agree that the Waiver and Release, Assumption of Risk and Indemnification and Hold Harmless provisions are intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

Without in any way limiting the extent or scope of the foregoing, I also specifically agree to: notify "Participant's" coach promptly and fully of any restrictions on "Participant's" participation in WYF activities; withdraw "Participant" from any WYF activities in which "Participant" is or should be restricted or prohibited from engaging; monitor the WYF Heat Index and any other conditions posted on the WYF website; and provide "Participant" with sufficient amounts of water at all WYF activities.

By signing below, I agree that I have read this document, fully understand its terms, and understand that I, on behalf of myself and “Participant”, am giving up substantial rights, including the right to sue. I acknowledge that I am agreeing freely and voluntarily, and intend for this acknowledgement to be a complete and unconditional release of liability to the greatest extent allowed by the law.

Participant’s Name (*Please Print*): _____

Parent/Guardian’s Name (*Please Print*): _____

Parent/Guardian’s Signature: _____ Date: _____