

**Temecula Valley Football Officials
Association**

**Authorization and Release Form:
Minor
PLEASE READ BEFORE SIGNING**

I _____, as parent/legal guardian of

_____ (“my child”) hereby give permission for my child to participate in the activities of the Temecula Valley Football Officials Association.

Date: _____ to December 31(of this year)

I understand that there are inherent risks in officiating football and that my child’s participation may involve risk of harm or injury. I understand that the members of the Temecula Valley Football Officials Association are independent contractors and are not employed by the association. I also understand that the Temecula Valley Football Officials Association does not provide any kind of accident or medical coverage insurance for members. Therefore, any, and all costs for my child’s medical attention/treatment, to extent not covered by insurance provided by me, shall be my sole responsibility.

Activities of the Temecula Valley Football Officials Association include but are not limited to Association meetings, Association sponsored socials functions, paid and/or unpaid Association assignments, or officiating at any Association football related activities, paid or unpaid, between the 1st day of January, (of this year) and the 31st day of December, (of this year).

Should it be necessary for my child to receive medical attention/treatment while participating in these activities, I hereby give permission for the person(s) leading or directing these activities, to use their best judgment in obtaining medical attention/treatment for my child’s benefit. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing these activities, to render medical attention or administer treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance, i.e., first aid, CPR, etc., to my child in the event of injury or illness.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless** the Temecula Valley Football Officials Association, their officers, directors, members, volunteers, agents and/or employees or their legal representatives, **with respect to any and all injury, disability, death**, or loss or damage to person or property, incident to my child’s travel to/from Association events and involvement or participation in Association events, **whether arising from the negligence of the Temecula Valley Football Officials Association or otherwise.**

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Print name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in officiating, my personal responsibilities for adhering to rules and regulation, and accept them as a member of the Temecula Valley Football Officials Association.

Print Member's Name:

Participant's Signature:

Date Signed: