



Youth Tackle Football Program Liability Waiver

Participant Information:

- **Participant's Name:** _____
- **Date of Birth:** _____
- **Parent/Guardian Name:** _____
- **Contact Number:** _____
- **Emergency Contact:** _____
- **Emergency Contact Number:** _____

Liability Waiver Agreement:

I, the undersigned parent or legal guardian of the above-named participant, hereby acknowledge that I understand the risks associated with participation in tackle football, including the potential for serious injury or death.

In consideration of my child being allowed to participate in the youth tackle football program, I, on behalf of myself, my child, and our heirs, executors, and administrators, hereby release and hold harmless the Supreme Youth Football Conference and its participating city chapters, its coaches, volunteers, officials, and any other participants from any and all claims, demands, actions, or causes of action, including those arising from negligence, that may arise out of or relate to my child's participation in the program.

I understand that this waiver is binding upon me, my child, and our respective heirs, executors, and administrators. I acknowledge that I have read and understood this waiver, and I voluntarily agree to its terms.

Parent/Guardian Signature: _____

Date: _____