

AUTHORIZATION TO CONSENT TO TREATMENT OF PLAYER
[Please PRINT CLEARLY using Blue or Black Ink.]

I, _____, Player having reached the AGE OF 18 (Date of Birth **Prior to February 3, 2006**),

- OR -

I/We, the undersigned parent(s) of _____, (A MINOR (Date of Birth **After February 3, 2006**),

DO HEREBY GIVE PERMISSION for Trainers and Coaches of 2023 Charlie Wedemeyer High School All Star Football Game, to seek emergency care for me/my child at a local medical facility in the event of illness or injury.

*It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and I/we will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until **February 3, 2024** unless sooner revoked.*

Signature of Player (18 Years of Age) Date Player's Age Player's Date of Birth

Signature of Parent/Guardian (for MINOR) Date High School Attended

PERSON TO NOTIFY IF PLAYER IS INJURED OR PARENT/GUARDIAN NOT AVAILABLE:

Person to notify Relation to Player Day Phone Evening Phone

MEDICAL INSURANCE CARRIER:

Insurance Company Group/Account number I.D. Number Insurance Phone Number

RELEASE OF LIABILITY [PLEASE CHECK ONE BOX]:

I, the player who has turned 18 by **February 3, 2024** hereby request to participate in the **2024 Charlie Wedemeyer High School All Star Football Game**, including team training starting approximately **January 20, 2024**. I understand there are known and unknown dangers/risks inherent in the participation in this program, including but not limited to injuries sustained through a fall or contact or loss of personal property, and I voluntarily agree to assume all such risks. In consideration of the Charlie Wedemeyer High School All Star Football Game permitting me to participate in the game, based on my reputation that I am in proper physical health and condition to participate, **I agree:**

I/we, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the **2024 Charlie Wedemeyer High School All Star Football Game**, including team training starting approximately **January 20, 2024**. I/we understand there are known and unknown dangers/risks inherent in the participation in this program, including but not limited to injuries sustained through a fall or contact or loss of personal property, and I/we voluntarily agree to assume all such risks. In consideration of the **Charlie Wedemeyer High School All Star Football Game** permitting my child's participation in the game, based on my/our reputation that my/our child is in proper physical health and condition to participate, **I/We agree:**

1. To assume all risk of injury to **me/my child** and all risk of damage to or loss of **my property/my child's property** arising from **my/my child's** participation in the Game.
2. To release and forever discharge **Charlie Wedemeyer High School All Star Football Game**, its officers and members, sponsors, agents, host sites, employees and coaches, from any and all claims or liability for any injury including death, and for property damage or loss which may be suffered by **me/my child** arising out of or in any connection with **my/my child's** participation in the Game.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CHARLIE WEDEMAYER HIGH SCHOOL ALL STAR FOOTBALL GAME AND ME/US, ON MY BEHALF/ON BEHALF OF MY/OUR CHILD, AND I/WE SIGN OF MY/OUR OWN FREE WILL.

SIGNATURE OF PLAYER (18 YEARS OF AGE) **-OR-** SIGNATURE OF PARENT/GUARDIAN (For MINOR) DATE

PLEASE PRINT FULL NAME OF: PLAYER **-OR-** PARENT/GUARDIAN (For MINOR)

PLEASE PRINT FULL ADDRESS OF: PLAYER **-OR-** PARENT/GUARDIAN (For MINOR)