

Updated 5.15.2026

PARTICIPATION/WAIVER OF LIABILITY

I, the Parent/Guardian of the participating child, give my approval for the minor to participate in the activities of this Association. I do hereby release this organization of any liability for injuries received by my child while participating in any organization activity. I assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waiver, absolve, indemnify and agree to hold harmless the Diamond Hill North Side Youth Association Board of Directors, Fort Worth ISD, City of Fort Worth, Tarrant County Public Health CYD, MYFA, NTYBA, coaches, organizers, volunteers, funders, sponsors, referees, participants and/or participant parents, for any claim arising out of an injury to the participant, except to the extent of the amount covered by accidental and/or liability insurance by organization.

PARENT EXPECTATIONS & REQUIREMENTS

I, the Parent/Guardian of the participating child, will follow the organization's bylaws and abide by all organization and league rules and regulations. I understand that, as a Parent/Guardian, I am responsible for ensuring that my child meets attendance and participation expectations. I also understand that, as a Parent/Guardian, it is my responsibility to ensure that I am in communication with organization leaders and/or coaches and have access to information via the organization's website and/or social media networks. As a Parent/Guardian, I also have parental expectations associated with my child's participation.

PHOTO/VIDEO/MULTIMEDIA RELEASE

I, the Parent/Guardian of the participating child, hereby give permission to the organization to use one or more photographs taken while participating in the organization's programs, activities and events in any manner approved and deemed appropriate by the organization. I understand that I will not receive any compensation if such image appears in any publication, printed matter, media release, promotional announcement (electronic or otherwise), television program, on the Internet, or in any other venue. I agree that such image is the property of the organization.

PARENTAL MEDICAL AUTHORIZATION

I, the Parent/Guardian of the participating child, do hereby give permission to the organization's managing personnel or other representatives to authorize and obtain medical care for my child, from any licensed physician, EMT, hospital, or medical clinic, should my child become ill or injured while participating in organization activities when neither parent is available to grant permission for emergency treatment.

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.

For any questions about this waiver and its terms, please contact us at info@dhnsyouth.org