

PARENT / PLAYER WAIVER AND RELEASE

PARTICIPATION WAIVER AND RELEASE:

I, the undersigned parent or legal guardian, acknowledge that participation in youth football and related activities involves risks of injury, including serious bodily injury.

I voluntarily permit my child to participate in activities sponsored by Sandoval County Spartans Youth Football Association, Inc.

I agree to:

- follow league and safety rules;
- ensure proper medical information is provided;
- authorize emergency medical treatment if necessary.

To the fullest extent permitted by law, I release and hold harmless the organization, its directors, officers, coaches, volunteers, and sponsors from liability arising from ordinary negligence associated with participation.

This release does not apply to gross negligence or intentional misconduct.

Parent/Guardian Name: _____

Child Name: _____

Signature: _____

Date: _____

Emergency Contact: _____

Phone: _____