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## **WAIVER OF LIABILITY, RELEASE, AND REFUND POLICY**

For and in consideration of the undersigned participant's registration with Ridge Jr Mountain Lions Youth Football Program (part of Trailhead Youth Foundation), herein referred to as "The Program", and being allowed to participate in events, activities, practices, and sports organized or sponsored by The Program, the participant, and the parent(s) or legal guardian(s) of the participant, hereby agree to the following terms:

### **1. Waiver and Release of Liability**

The undersigned participant and the parent(s) or legal guardian(s) of the participant hereby waive, release, and relinquish any and all claims, causes of action, or liabilities for personal injury, property damage, or wrongful death arising out of or in connection with the participant's involvement in any event or activity organized by The Program, including but not limited to actions caused by the negligence or fault of The Program, its officers, directors, contractors, employees, agents, volunteers, coaches, participants, and all others associated with the event ("Releasees"). This waiver also applies to any facility operators, including but not limited to school districts, municipalities, or other entities that may provide facilities for the activities organized by The Program.

By checking the box below and signing electronically, I (we) agree to release and waive all rights, claims, and causes of action as described above.

### **2. Acknowledgment of Risks**

The undersigned acknowledges that participation in sports and related activities involves inherent risks, including but not limited to bodily injury, partial or total disability, paralysis, or death. I (we) understand and acknowledge these risks, which may be caused by the actions or negligence of the participant, the actions of others, or the conditions of the facilities used during the event. I (we) accept full responsibility for all risks, known or unknown, and voluntarily choose to allow the participant to engage in these activities.

By checking the box below and signing electronically, I (we) assume all risks as described above.

### **3. Assumption of Risks**

I (we) acknowledge and understand that The Programs' activities and events may involve activities that could result in injury or damage. I (we) voluntarily assume all risks and agree to release and hold harmless The Program and the Releasees from any liability arising from those risks. This includes risks associated with the use of facilities, equipment, or the conditions of the premises used in any event or activity.

By checking the box below and signing electronically, I (we) acknowledge and assume all risks as described above.

#### **4. Equipment Responsibility**

I (we) acknowledge that while The Program follows league-approved equipment guidelines, the inherent nature of football involves physical contact and gear that cannot completely eliminate the risk of injury. I (we) understand that coaches and staff provide instruction and supervision to the best of their ability, but they cannot monitor every movement of every participant at all times. Regarding equipment, I (we) agree that it is the responsibility of the parent/guardian and the participant to ensure that all gear—including helmets, shoulder pads, and mouthguards—is worn correctly and fits properly according to the manufacturer's guidelines. I (we) further agree to inspect my (our) players' equipment before each use and to immediately notify the coaching staff of any defects, damage, or improper fit. The Program and its staff shall not be held liable for injuries resulting from equipment failure, normal wear and tear, or the participant's failure to utilize safety gear as instructed.

By checking the box below and signing electronically, I (we) acknowledge that equipment maintenance is my (our) responsibility.

#### **5. Medical Authorization**

In the event of injury or illness while participating in any event, I (we) consent to emergency medical treatment. I (we) understand that The Program does not provide medical insurance and that any medical treatment will be at my (our) expense. I (we) also acknowledge that medical care may require the involvement of emergency personnel or medical professionals.

#### **Consent to Medical Treatment of Minor (if applicable):**

I (we) give permission for a physician or medical professional to treat the participant in the event of a medical emergency. I (we) understand that The Program does not provide insurance coverage for injuries sustained during participation in the event.

By checking the box below and signing electronically, I (we) consent to medical treatment in case of emergency.

#### **6. Concussion Risk and Return to Play Protocols**

I (we) understand that a concussion is a traumatic brain injury caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. I (we) acknowledge that these injuries can happen even if the participant does not lose consciousness and that continuing to play with a concussion can lead to long term damage.

I (we) agree that if a participant exhibits signs or symptoms consistent with a concussion, they shall be immediately removed from the practice or game, observing the 'when in doubt, sit them out' policy. I (we) acknowledge that once a participant is removed from play due to a suspected concussion, they cannot return to any team activities until they have been evaluated and cleared by a licensed healthcare professional.

By checking the box below and signing electronically, I (we) have read the Concussion Risk and Return-to-Play Protocol. I understand my responsibility to report any symptoms my participant may experience outside of team activities and agree to abide by the mandatory clearance requirements.

## **7. Media Release**

I (we) grant permission to The Program to photograph or videotape the participant's name, image, and likeness during program activities. I (we) authorize The Program to use this media for its website, social media, and promotional materials. This permission is perpetual, irrevocable, and royalty-free.

I (we) understand that all media is the property of The Program, may be edited or used without further notice, and that no compensation will be provided.

I (we) release and hold harmless The Program from any claims related to the use of such media.

By checking the box below and signing electronically, I (we) consent to the use of media as described above.

## **8. Refund Policy**

I (we) hereby acknowledge that there will be limited refunds given by The Program. Players may be removed from the roster and given a full refund NO LATER than the second week of padded practices. Players that are injured prior to the first regular season game may be entitled to a partial refund. Under no circumstances will refunds be issued following the first regular season game.

By checking the box below and signing electronically, I (we) understand that refunds are limited and will not be issued for any circumstances following the conclusion of the first regular season game.

## **9. Entire Agreement**

This document contains the entire agreement between the parties concerning the subject matter of this Waiver and supersedes all previous understandings or agreements. No oral statements or prior written material not specifically incorporated herein shall be of any force and effect. There is no expiration date to this agreement and any changes in consent must be done in writing and delivered to the Board of Directors for the program by emailing: [ridgearmyfootball@gmail.com](mailto:ridgearmyfootball@gmail.com)

## **Acknowledgment and Agreement**

By signing below, I (we) acknowledge that I (we) have read, understood, and agree to all of the terms

## **Electronic Signature Acknowledgment**

By electronically signing this Waiver, I understand that I am providing an electronic signature, which will be legally binding as though I signed a paper document. I acknowledge that I have read and understood

the terms and conditions of this waiver and agree to be bound by them.

**Participant Legal Name:** \_\_\_\_\_

**Participant DOB:** \_\_\_\_\_

**Parent/Guardian Legal Name (printed):** \_\_\_\_\_

**Parent/Guardian Legal Name (signed):** \_\_\_\_\_

**Date of Agreement:** \_\_\_\_\_

**Please check the box below if you wish to opt out of Media participation for your athlete. Doing so may cause them to be removed from team photos or any photography/videography provided by outside vendors.**

**Check box to opt out of Media:**



Ridge Jr Mountain Lions Youth Football Program

ridgearmyfootball@gmail.com