

**METRO YOUTH FOOTBALL LEAGUE**

**AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in **Clio Youth Football/MYFL** athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent total disability or death.
4. Acknowledge that I have received and reviewed the Heads Up Parent and Athlete Concussion Information Sheet provided by Clio Youth Football and MYFL in accordance with Public Acts 342 and 343 of 2012 and MDCH requirements.
5. Release, waive, discharge and covenant not to sue Clio Youth Football / MYFL its affiliated clubs, their respective administrators, directors, agents, employees, other members or participants, sponsors, advertisers, and if applicable, owners and lessees or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participants Name (one per waiver) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_