



SKYHAWKS FOOTBALL Waiver and Liability Release Form

Students Name: _____ Date: _____

I am aware that participating in the activities of Tackle Football has inherent risks, including but not limited to:

TERRAIN: any manner of injury resulting from falls on wet, icy or slippery or uneven ground.

WEATHER: any illness or injury resulting from exposure to cold, wet or windy weather, or the effects of heat and strong sunlight.

EQUIPMENT: any manner of injury, including death resulting from use, misuse, non-use and/or failure of equipment

OTHER HAZARDS: all manner of injury arising from falling and impacting the floor surface, fence, bleachers, benches, field equipment, ground, other participants, referees, goal posts, sprinkler heads or other obstructions.

TRAVEL: inherent risk to travel including loss, damage, injury or expense suffered in connection with all activities associated within the scope of travelling, including but not limited to; poor roads, personal injury, health, property damage and vehicle accidents.

TRAINING STAFF: I consent to participate in Athletic Therapy Services provided by the Skyhawks Organization. I understand that my Athletic Therapist will collaborate with me in making decisions regarding my assessment and treatment. I acknowledge that with any treatment there can be risks, and I assume such responsibility as well as the potential of forgoing the suggested care. I should discuss any questions or concerns about my treatment and rehabilitation with the training staff.

I, for myself or participant and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS Skyhawks Football and No Limits youth Organization, their officers, officials, agents, coaches, athletic trainers, volunteers and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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 encouragement.

PHOTO/VIDEO RELEASE

I give permission for the Quinte Skyhawks to use my child's photograph/video for its various publications, promotions and other social media platforms.

X _____
Parent/Guardian Signature

X _____
Participant if 18 yrs and younger

X _____
Witness

X _____
Date Signed