

SPRINGVILLE YOUTH FOOTBALL

Participant Name _____ participant Age _____

Parent or Guardian _____

Address _____
Street City State Zip

Home phone _____ Emergency phone _____

RELEASE

As parent or guardian for _____ I give my permission for him to participate in a Springville Youth Football program and release said program from any liability. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Springville Youth Football and the holders, sponsors and organizers of the program. By giving my permission for said minor to participate in this program, I hereby for myself, my executors, administrators, heirs, of kin, successors, and assigns: (A) Release and discharge Springville Youth Football and its directors, officers, volunteers, representatives and agents from any and all claims and liability in the event of personal injury, disability, death, property damage, property theft, or otherwise which may hereafter arise from participation in or traveling to or from events. (B) Agree to Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals of entities as a result of any actions during participation in said program.

I hereby consent for medical treatment to be received if deemed advisable in the event of injury, accident and /or illness during any participation in said program. This release will authorize Utah Regional Medical Center and the Springville City Ambulance service to provide medical treatment in the event of an accident of illness suffered while participating in the Springville Youth Football Program, I understand that these services are provided at my expense.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**THIS RELEASE PERTAINS TO SPRINGVILLE YOUTH FOOTBALL ACTIVITIES
FROM July 1 2010 TO DEC 1 2010**

Parent or Guardian Signature _____