



**WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT
2019 Season**

I hereby voluntarily permit my child, _____, to participate within the
(Child's full name, printed)
Mid Penn Elite Youth Football Association as a player for the, _____, youth flag or
(Name of team organization, printed)
Tackle football program.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

(Initial here)

As consideration for being permitted by the MPEYFA and the above listed Team Organization to participate in this activity, I hereby release and hold harmless MPEYFA and the above listed Team Organization, Board of Directors, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold MPEYFA and the above listed Team Organization (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to MPEYFA and the above listed Team Organization volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to MPEYFA and the above listed Team Organization volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

Mid Penn Elite Youth Football Association does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The Mid Penn Elite Youth Football Association also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE MID PENN ELITE YOUTH FOOTBALL ASSOCIATION AND ME, AND SIGN IT OF MY OWN FREE WILL.

(Parent/Guardian signature) _____
(Parent/Guardian name, printed) _____
(Date)

Administrative Use Only

Birth Certificate Team: Smurf Peewee Pony Midget
 Physicians Statement Jersey Number: Home: _____ Away: _____