

# Wilton Youth Football, Inc.

## PARENTAL CONSENT AND WAIVER OF LIABILITY

2024 SEASON

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

### **PLEASE READ THIS PARENTAL CONSENT AND WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.**

#### **A. Permission to Participate and for Medical Treatment**

I/We, the undersigned, hereby give permission for our child, named above, to participate in football/cheerleading activities in the Wilton Youth Football & Cheerleading programs for the current Wilton Youth Football season. I/We agree to abide by all the rules and regulations set forth by the team association and the Fairfield County Football League. If any equipment issued to our child should be lost or damaged through our negligence or that of our child, I/we agree to pay to have it replaced. I/We understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, I/we agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through the league becomes the primary coverage.

In the event of an injury, I/we hereby give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, I/we give permission for medical treatment to be administered as deemed necessary by the medical staff.

#### **B. Waiver of Liability**

I/We acknowledge that I am/we are fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I/we fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Wilton Youth Football, Inc., Wilton Youth Football & Cheerleading program, Fairfield County Football League and the teams that compose the league and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE.

#### **C. Injuries/Assumption of Risk:**

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/we hereby specifically assume all risk of any injury occurring during the course of our child's participation in the Event.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT**

**HOLD THIS FORM – DO NOT MAIL**

**WYF Parental Consent must be submitted in a Hard Copy at Equipment Pickup.**

**All Registrations are completed online**