



**Waiver and Release of Liability for Pre-Season Practices
Parent/Guardian Consent Form**

Participant's Name: _____ Date of Birth: _____

District _____ Grade _____

I, _____ the undersigned, am the parent or guardian of the participant named above. I acknowledge that my child has my permission to participate in pre-season practices organized by Coach _____. I understand that participation in sports and related activities involves inherent risks of injury or illness.

I hereby agree to the following:

- 1. Assumption of Risk:** I am aware that participation in these pre-season workouts involves physical activity that may include, but is not limited to, the risk of injury or illness, such as sprains, fractures, heat exhaustion, or other serious conditions. I voluntarily assume all risks related to my child's participation in these practices.
- 2. Release of Liability:** In consideration for allowing my child to participate in the pre-season practices, I, on behalf of myself and my child, do hereby release and hold harmless Cherokee Youth Football Association (CYFA), its coaches, volunteers, and staff from any and all claims, liabilities, and expenses that may arise from my child's participation in these practices, including injury, illness, or death.
- 3. Medical Authorization:** In the event of an emergency, I authorize Coach _____ to secure appropriate medical treatment for my child if I am unable to be contacted. I confirm that my child has no pre-existing medical conditions that would prevent them from safely participating in the practices.

I have read this waiver and understand its contents. I understand that I am giving up certain legal rights by signing this waiver.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Number: _____

Relation to Participant: _____

Please return this signed form to your child's coach prior to the start of pre-season practices. Thank you for your cooperation!