



**SOUTH HAVEN ROCKET FOOTBALL & CHEER**

**PARENT/GUARDIAN CONSENT AND WAIVER OF LIABILITY ASSUMPTION OF RISK  
– INDEMNITY AGREEMENT**

The undersigned parent or legal guardian (hereafter referred to in the singular) of:

\_\_\_\_\_ (child's name) (herein referred to as the "child"), request that the child be allowed to participate in the South Haven Rocket Football & Cheer (SHRF&C) program (herein referred to as "the activities").

This agreement shall remain in effect until South Have Rocket Football & Cheerleading receives written notice of the cancellation of consent, or until the end of the activities described above.

**IN RETURN FOR THE CHILD BEING PERMITTED TO TAKE PART IN THE ACTIVITIES LISTED ABOVE, AND TO USE THE FACILITIES AND PROPERTY OF HARTFORD CHEERLEADING / FLAG FOOTBALL / ROCKET FOOTBALL AND ITS LANDLORD, EACH OF US MAKES THE FOLLOWING PROMISES AND WARRANTS THE TRUTH OF THE FOLLOWING ACTS:**

1. I am familiar with the programs included in the activities, and I understand officers, employees, and volunteers of SHRF&C are available to discuss the activities if I should wish for additional information. I understand that I am solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises after each day's program without appropriate supervision or the written permission of SHRF&C. I agree that SHRF&C will have no responsibility for the supervision of my child at times other than during scheduled activities. I will inform my child that he / she is expected to cooperate with, and follow the directions of, the person(s) in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect the rights of others.

2. My child is in good health, and I know of no reason why he / she would be incapable of participating in the activities. I will immediately notify the designated SHRF&C coach if a change in my child's health or other condition would affect my child's ability to participate in the activities.

3. **WAIVER OF LIABILITY** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the South Haven Rocket Football, Southwest Youth Football Conference, or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of SHRF&CI, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releases.

**PLEASE INITIAL TO INDICATE YOU HAVE READ THIS PARAGRAPH: \_\_\_\_\_**

**4. ASSUMPTION OF RISK** I am aware that the activities involve contact, non-contact sports and risk of physical injury. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. **I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF SOUTH HAVEN CHEERLEADING / FLAG FOOTBALL / ROCKET FOOTBALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.**

**PLEASE INITIAL TO INDICATE YOU HAVE READ THIS PARAGRAPH:** \_\_\_\_\_

**5. INDEMNITY AGREEMENT** I agree to indemnify and hold the releases harmless from any loss, liability, damage or cost, including reasonable attorney fees, that may incur due to my child's participation in the activities and use of the property and facilities of SHRF&C, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any releases.

**PLEASE INITIAL TO INDICATE YOU HAVE READ THIS PARAGRAPH:** \_\_\_\_\_

6. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by the said minor arising out of, or relating to SHRF&C. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to administration or anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in medical treatment, and assume any such risk for, and on behalf of, myself and said minor.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN OF MY OWN FREE WILL.**

**PARENT/GUADIAN SIGNATURE:** \_\_\_\_\_

**PLAYER SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**A copy of this agreement will be kept on file with South Haven Rocket Football & Cheer.**