

WAIVER/RELEASE FORM FOR THE SOUTH TEXAS FIREBIRDS

I. PARENTAL CONSENT

I, the parent or legal guardian of, _____, a participant in the South Texas Firebirds, do hereby grant permission for his/her participation in any and all activities.

***Initials:** _____

II. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in this youth football and cheer organization. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, South Texas Firebirds, its officers, directors, coaches, sponsors, volunteers, participants, affiliates, and representatives, board members, as well as NAJIFF, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

Furthermore, I waive, release, remise, relinquish, covenant not to sue, and fully discharge South Texas Firebirds, its officers, directors, coaches, sponsors, volunteers, participants, affiliates, and representatives, board members, as well as NAJIFF, of any, liabilities, demands, actions or rights of action, damages of any kind (Causes of Action), personal injury, death, whatsoever, related to or arising out, or in any way connected to participation in the South Texas Firebirds, including those Causes of Action allegedly from, or in any way related to, the negligent acts or omissions of the South Texas Firebirds, its officers and or agents.

I certify that the participant has no known medical problems that would increase the risk of illness, injury, and/or death, as a result of the participation in the South Texas Firebirds.

***Initials:** _____

III. MEDICAL RELEASE

Because my child is involved in active training and conditioning, I understand that there may be an occasion when an injury occurs that requires medical treatment and representatives of South Texas Firebirds are unable to contact me. This situation may occur before, during, or after practices and games, while at the program site.

Participant: _____ Date of Birth: _____

Parent or Guardian Name : _____

Address: _____ Phone Number: _____

I understand that neither the South Texas Firebirds nor its league affiliate provides any medical insurance or accident coverage for your child/ ward.

SIGNATURE of Parent or Legal Guardian: _____

I hereby grant permission to the organizers of the South Texas Firebirds to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

IV. MEDIA RELEASE

In consideration of, _____, my minor child/ward being allowed to participate in any way in the South Texas Firebirds, national championships, and any other official STXF events and activities, the undersigned agrees that South Texas Firebirds, is hereby granted the unrestricted right and permission, free from approval or review, to copyright, and or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

PRINT of Parent or Legal Guardian Name: _____

SIGNATURE of Parent or Legal Guardian: _____

Date Signed: _____

****Disclaimer: There will be no refunds after the athlete is registered.****