



MESIVTA FOOTBALL LEAGUE

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**CONSENT, WAIVER, RELEASE OF LIABILITY
AND ASSUMPTION OF RISK ACKNOWLEDGMENT FORM – UNDER 18**

I, (Parent/Legal Guardian) _____, hereby state that I am the Parent or Legal Guardian for (please print):

Name _____, Date of Birth ____/____/____;

and hereby grant permission for the above-named child to participate in the Mesivta Football League (“MFL”) for the 2016/2017 season.

In addition, I hereby grant MFL and its agents express permission and consent, in my absence, to authorize medical treatment for the above-named child should he sustain any injury arising from their participation in any MFL football activity or as a result of medical conditions known or unknown including, but not limited to, notification for and treatment by emergency services as well as transportation to and treatment at an emergency facility.

I further knowingly, voluntarily and expressly assume full responsibility for any and all inherent and natural risks associated with the danger of bodily injury arising from, or related to, any MFL football activity, or as a result of any medical condition known or unknown.

I further knowingly, voluntarily and expressly release and hold harmless MFL or its agents from all claims and/or demands including, but not limited to, personal injury or property damage, regardless of whether such was caused by the negligence of MFL or its agents, which I may otherwise have against MFL or its agents.

Parent/Guardian (Print)

Date

Parent/Guardian (Signature)