

**WAIVER/RELEASE FORM FOR UNION ATHLETIC ASSOCIATION YOUTH  
FOOTBALL LEAGUE OFF-SEASON WORKOUTS**

**I. PARENTAL CONSENT**

I, The parent or legal guardian of \_\_\_\_\_, a participant in the UAA (Union Athletic Association) Youth Football League conditioning camp, does hereby grant permission for his/her participation in any and all conditioning camp activities.

\* Initials: \_\_\_\_\_

**II. RELEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the UAA Youth Football League and Union Academy School, the officers, directors, coaches, sponsors, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

\* Initials: \_\_\_\_\_

**III. MEDICAL RELEASE**

Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

If parent or legal guardian cannot be reached, call:

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any allergies and medical conditions that should be brought to our attention.

Include any medication(s) that your child uses regularly: \_\_\_\_\_

\*Initials: \_\_\_\_\_

I hereby grant permission to the UAA Youth Football League 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: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.**

\*PRINT Parent of Legal Guardian Name

\*Date

\_\_\_\_\_

\*SIGNATURE Parent or Legal Guardian

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