

MEDICAL COVERAGE WAIVER/RELEASE

I, the undersigned parent/guardian of \_\_\_\_\_ in the City of Brookings and  
Participant's Name  
Brookings Youth Football program, do hereby acknowledge and understand the City of Brookings and Brookings Youth Football provides no medical coverage for any injury that may occur during participation in youth football.

I waive and release the City of Brookings and Brookings Youth Football, its agents, employees, and volunteers from any and all claims for damages, losses, and expenses, including but not limited to medical expenses, attorney's fees, partial or total permanent injury, pain and suffering, loss of wages, loss of consortium, or wrongful death. That the participant may incur as a result of injuries and/or illnesses suffered during or arising out of participation in youth football; including but not limited to those which may be attributed to weather conditions.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_