

River City Knightz



Semi Pro Football

Team liability Waiver

ATHLETE'S NAME _____ BORN _____

(FIRST) (M.I.) (LAST) (MM/DD/YY)

SCHOOL _____ GR _____

ADDRESS _____ CITY _____

TELEPHONE _____

E-MAIL _____

PARENTS NAMES _____

I DO HEREBY AGREE TO PARTICIPATE IN TRAINING SESSIONS/TRY-OUTS FOR THE **RIVER CITY KNIGHTS FOOTBALL**. I ALSO ACKNOWLEDGE THESE TRAINING SESSIONS/TRY-OUTS, DO NOT CONSTITUTE ANY COMMITMENT BY THE INDIVIDUAL, OR THE **RIVER CITY KNIGHTS FOOTBALL**. **RIVER CITY KNIGHTS FOOTBALL** WILL RETAIN THE RIGHT TO USE, PICTURES, VIDEOS AND OTHER IMAGES OF THE PLAYER PROMOTIONAL PURPOSES.

AUTHORIZATION

I, THE NAMED ATHLETE, HEREBY GIVE APPROVAL TO PARTICIPATE IN TRAINING SESSIONS/TRY-OUTS AND ANY OTHER TEAM ACTIVITIES RELATED TO **RIVER CITY KNIGHTS FOOTBALL**. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS **RIVER CITY KNIGHTS FOOTBALL**, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING PLAYERS TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE PARTICIPANT.

I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER TEAM REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC SHOULD I, THE PARTICIPANT BECOME ILL OR INJURED WHILE PARTICIPATING IN TEAM ACTIVITIES AWAY FROM HOME, OR AT TIMES WHEN NEEDED. I, GRANT THE AUTHORIZATION FOR EMERGENCY TREATMENT.

TRAINING SESSIONS/TRY-OUTS ARE SOLELY FOR **RIVER CITY KNIGHTS FOOTBALL** AND IN NO WAY ENTITLES THE ATHLETE TO A ROSTER POSITION AT THIS TIME OR AT ANY TIME IN THE FUTURE. **THIS FORM WILL BE VALID FOR 1 YEAR FROM THE DATE SIGNED. UNLESS IT IS TERMINATED BY THE RIVER CITY KNIGHTZ.**

(SIGNATURE OF ATHLETE)

(DATE)