

**20 ____ YOUTH SPORTS
INDIVIDUAL WAIVER FORM**

SPORT (select one): **SOCCER** ____ **LACROSSE** ____

SEASON (select one): **WINTER** ____ **SUMMER** ____ **FALL** ____

GENDER (select one): **BOYS** ____ **GIRLS** ____

TEAM NAME: _____

LEAGUE / SEASON: _____

PLAYER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ AGE: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

CELL PHONE: _____

EMAIL: _____

I affirm that the above player ("Player") has been informed of the Foothills League Rules and the Code of Conduct and has agreed to participate according to all rules and regulations of Foothills Park & Recreation District. I understand that sport of choice may have an element of danger and, as parent/legal guardian of the Player, take full responsibility for his/her actions and physical condition. I understand that Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization. I release and agree to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries, to the Player or any third parties, incurred in connection with any Foothills Park & Recreation District event or activity associated with this league and the Player's participation.

Liability Waiver: By registering in our programs/classes, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child or children registered the said minor child or children registered the said child(ren)'s legal representative), hereby releases and agrees to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me and such minor child(ren), in connection with any District event or activity.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with COVID-19, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. This assumption of risk expressly includes all risk associated with the mandatory wearing of protective masks as required by state law.

Parent / Legal Guardian (Print) _____

Parent / Legal Guardian Signature _____

Date _____