

MEDICAL TREATMENT AUTHORIZATION LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, _____ to participate in the Lopatcong Football program. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity. I hereby authorize the football coach(es) or other supervising adult to obtain medical treatment for my son/daughter for such injury or illness occurring during this activity. I hereby hold the Lopatcong Athletic Association and its representatives harmless in the exercise of this authority.

I understand that football is a contact sport and involves risk to the participant. I further acknowledge and understand that my son/daughter is assuming the risk of injury or illness by his/her participation. I further release the Lopatcong Athletic Association and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that the Lopatcong Athletic Association has established rules and regulations pertaining to conduct, behavior and activities of all athletes and coaches while participating in this program. My son/daughter and I will be responsible for his/her failure to abide by those roles.

My son/daughter and I have read and understand the above Medical Treatment Authorization and Liability release.

Signature of Parent/Guardian

Date