

YOUTH NATIONAL CHAMPIONSHIP

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

Please be aware no athlete will be able to participate without this waiver signed

I hereby voluntarily permit, _____ to participate in the Youth National Championship Football Event.

I understand & fully accept that there are risks involved in sports & that accidents and injuries are common & are ordinary occurrences of sports. I hereby agree to accept any and all risks of injury or death & verify this statement by signing below.

I hereby release and hold harmless The Youth National Championship, LLC, its officers, employees, volunteers, program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold The Youth National Championship, LLC (its officers, employees, volunteers, program officials and supervisors) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to The Youth National Championship and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to The Youth National Championship and Volunteers to disclose emergency information to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

The Youth National Championship does not disclose your nonpublic personal medical and financial information, except as required or permitted by law nor do they provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE Youth National Championship, LLC AND SIGN IT OF MY OWN FREE WILL.

NAME

Date

The Youth National Championship Series is committed to providing a safe, respectful and beneficial experience for all participants. We take the code of conduct commitment seriously and take a “zero tolerance” approach

Parent, Athlete, Coach Code of Conduct Form

I will exhibit respect to all game officials, coaches, teammates, competitors and parents.

No athlete shall refuse to abide by the officials’ decision, threaten an official, use profanity, argue or question an official or have any physical contact with an official, coach, competitor, or spectator.

I will demonstrate sportsmanship and shake hands at the conclusion of the games with my competitors and game officials.

I will not intentionally exhibit excessive or violent contact that would harm my teammates or competitors.

I will not use any form of social media to threaten any player or any coach in any way.

I will not use tobacco, alcohol or drugs and refrain from use at all sporting events.

I will adhere to the rules and policies of the tournament as it is my understanding that the Tournament Board has the power and full discretion of imposing the following penalties for violating the Code of Conduct:

Athlete Signature

Verbal Warning by Head Coach, Tournament Manager and or Game Official

Ejection from Tournament Facility

Suspension from attending any future games in the Tournament

Please note that the authorities will be present at all Tournament play and will be called immediately to assist.

Parent/Guardian or Coach Signature