



# Fondy Junior Football

## Liability Waiver / Participation Agreement

### 2023 Season

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

**PERMISSION TO PARTICIPATE:** I, as Parent/Guardian of the above named Participant, hereby give permission for Participant to participate in any and all of the activities sponsored by Fondy Junior Football League, including but not limited to its organizers, sponsors, volunteers, participants, officials, coaches and agents or representatives. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the Fondy Junior Football League, sponsors, participants, volunteers and coaches.

**EMERGENCY MEDICAL AUTHORIZATION:** I, as Parent/Guardian of the above named Participant, hereby authorize Fondy Junior Football League to obtain all required medical/dental treatment for said Participant in the event of illness/injury occurring from participation in Fondy Junior Football League activities. Authority is granted to a qualified physician to render such medical treatment, as said physician deems necessary under the circumstances.

**PHOTOS:** I, as Parent/Guardian of the above named Participant, hereby grant permission for Fondy Junior Football League to use photos of said Participant on the website or for other advertising purposes.

**FUNDRAISING:** I, as Parent/Guardian of the above named Participant, understand that Fondy Junior Football League is a non-profit organization administered solely by parent/volunteers and I hereby agree to actively participate in any and all Fondy Junior Football League fundraising events on behalf of said Participant.

**REFUND POLICY:** Refund requests must be made directly to the JFL Executive Board. Refund requests made before 7/1 will be full, on or before 7/28 will be reduced 50%. After August 15<sup>th</sup> 2023, there will be no refunds issued. All refunds will be less any credit card fee, if applicable. Our strict refund policy is to protect the integrity and success of the organization, as cancellations affect everyone involved.

**By my signature below, I hereby stipulate that I have read and fully understand all of the above and hereby authorize emergency medical treatment for the above named Participant and consent to the Photos, Fundraising & Refund policies.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ (Please Print)