



Post Season Tryout Medical Care and Waiver Form

Participant Authorization to Provide Medical Care

In consideration of being allowed to participate in the try-outs for the All Star Classic Team or KENTUCKY TEAM and/or selection for the KENTUCKY TEAM in the 2020 Football University National Championship (the "Game(s)"), try-outs, practices, practices for the Game(s), and/or other events and activities related to the Game(s), included but not limited to the Combine and Banquet (collectively, the "Event(s)"), I, as parent/guardian of the Participant, hereby give permission to the Kentucky Middle School Football Association ("KYMSFA"), or any person designated by it or any Released Party, to select appropriate medical personnel to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays, or routine test, and to arrange necessary related transportation. I agree to release of any records necessary for insurance purposes. I hereby also give permission to any such medical personnel selected by KYMSFA, or any person designated by it or any Released Party, to secure and administer treatment, including hospitalization, for me.

I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless KYMSFA, its assigns, successors, other individuals, medical personnel, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Events, participating in or otherwise associated with the Game or Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Released Parties"), with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released parties or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release of Liability and Assumption of Risk Agreement freely and voluntarily without any inducement or coercion.

PARTICIPANT SIGNATURE

DATE OF BIRTH

DATE SIGNED

SCHOOL

For Parents/Guardians of Participants of Minority Age (under Age 18)

This is to certify that I, _____ (please print name), as the parent/guardian with legal responsibility for _____ (please print name), the above named Participant, consent and agree to the attached Authorization to Provide Medical Care Inuring to the benefit of the Released Parties and, for myself and on behalf of my heirs, assigns the next of kin, hereby release, indemnify and hold harmless the Release Parties with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

EMERGENCY PHONE NUMBERS: _____

PARENT/GUARDIAN SIGNATURE

DATE SIGNED



Post Season Tryout Participant Authorization & Injury Waiver and General Release Form

As a participant in the try-outs for the All Star Classic Team and /or selection for the KENTUCKY TEAM in the 2020 Football University National Championship "the Game(s)" or "Event(s)", I acknowledge that participation in the try-outs, Game and/or practices exposes me to a possible risk of personal injury. I, hereby release the Kentucky Middle School Football Association, its members, coaches, volunteers, related sponsors, including the Play Maker Club ("PMC"), and their respective officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates (collectively, the "KYMSFA"), from any and all liability from property damage, personal injuries or other claims arising from or in connection with my participation in the Event including claims that are known and unknown, foreseen or unforeseen, future or contingent.

I represent and warrant that a current completed KHSAA Form MS) and KYMSFA Addendum for 2015 is on file with my middle school football program and a copy has been provided to the KYMSFA, including a valid physical. I also represent that I will be supervised by my parent(s) or adult person authorized by my parent(s) at all times during the Event other than during practices scheduled by the KYMSFA and the Game and that the KYMSFA has no responsibility to supervise the participant.

In consideration of my participation as a Player in the Event, I hereby grant, release, and quitclaim to the KYMSFA the right and authority to use, sell, reproduce, and distribute, quote material, biographical information, my photograph, likeness, recorded voice, or videotaped filmed appearances (the "Materials") for promotional and advertising purposes or programs as the KYMSFA in its sole discretion will deem appropriate. I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver and General Release Form. This agreement will bind me, my spouse, my children, legal representatives, heirs, successors and assigns.

DATE: _____ PARTICIPANT PRINTED NAME: _____

PARTICIPANT SIGNATURE: _____ PARTICIPANT GRADE: _____

PARTICIPANT SCHOOL/TEAM: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PARENTAL CONSENT (To be filled out if participant is under the age of 18)

The undersigned ("Parent"), parent of _____ ("Player"), hereby consent to affirm, and, on behalf of Player, agree to be bound by the Injury Waiver and General Release, Form attached hereto which has been signed by Subject. Parents also represent, warrant and agree that Parents (is)(are) entitled to the care and custody of Player and (is)(are) Player's legal guardian(s); that during the minority of Player and for a reasonable time afterword's, Parents will use all reasonable efforts to prevent Player from attempting to or actually disaffirming the injury Waiver and General Release Form signed by Subject; that parents hereby acknowledge that Parents have read the Injury Waiver and General Release Form and are satisfied that it is fair and equitable for the benefit of Subject; and that Parents will not revoke this consent and approval.

DATE: _____ SIGNATURE: _____

NAME AND RELATIONSHIP TO PLAYER: (please print) _____

NAME (PRINT): _____ PHONE: _____ E-MAIL: _____