



## Authorization and Liability Waiver For Minor

**Please *PRINT* waiver form and *BRING* to the football clinic on the first day. Participant *WILL NOT* be allowed to participate without a signed waiver form from Taro Roots Foundation.**

I am the parent/legal guardian of \_\_\_\_\_ (Participant FULL NAME).

I authorize the participant above to participate in the 2015 Taro Roots Football Clinic. To the fullest extent permitted by law, I assume all risks on behalf of Participant which may arise from his/her participation in the Clinics.

I further release and hold harmless Taro Roots Foundation and all of its officers, board members, employees, volunteers, agents and representatives from any and all liability or claims arising out of the Participant's participation in Clinics.

In the event of any illness or injury that may occur during Participant's participation in Clinics, I hereby consent to administration of emergency medical treatment as deemed necessary for Participant's safety and welfare. I have listed all of the Participant's medical considerations on the online registration and authorize Taro Roots Foundation administer the specified medication to the Participant. I understand that medical expenses will be the responsibility of Participant.

I have read and I understand this document. I am legally authorized to sign this document on behalf of Participant.

Parent/Guardian Name \_\_\_\_\_

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

Emergency Contact Name and Phone \_\_\_\_\_