



Authorization and Liability Waiver For Minor

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

I am the parent/legal guardian of (Participant Name)_____.

I authorize Participant to participate in Taro Roots Football Clinics. I fully understand that football activities involve risks and dangers of bodily harm. These risks may be caused by my own actions, or in actions, the actions of others participating in the Clinics, or the negligence of others associated with Taro Roots Foundation and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the 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, clinic coordinators, employees, volunteers, agents, clinic partners, 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 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.

I ***HAVE READ*** this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue in full force and effect.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Emergency Contact Phone No. _____

Date _____