



**Lions Home School Football Inc.
Emergency Medical Treatment Waiver 2011**

Date: _____

Name: _____

Address: _____

City/Zip: _____

Phone Home: _____ Work: _____ Cell: _____

Cell: _____

In case of emergency call: _____ Phone: _____

Please list pre-existing medical conditions, such as asthma, allergies, etc.:

I authorize emergency medical treatment for an injury if qualified medical personnel consider treatment necessary providing I am unavailable to respond/advise or my emergency contact is unavailable to respond/advise. Further, I am aware that my child's participation in football is a potentially hazardous activity. I assume all risks associated in participation with this sport, including but not limited to falls, obstacles in or around the field and contact with other participants. I agree to indemnify and save harmless the coaches, volunteers, Hamilton County Parks and Recreation, Lions Home School Football Inc. Board Members and any other participating or sponsoring organization and all employees, officials, representatives and agents from all claims by or on behalf of myself as a result of participation in this program. All such risks are known to me and understood by me.

Date: _____

Signature: _____

Insurance Company: _____

Insurance Carrier: _____

Policy Number: _____