

## Waiver of Liability, Authorization to Consent to Medical Treatment & Release Form

I, the undersigned, in consideration for my child's participation in Fresh Faith Flag Football, "4F", do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Recognizing the possibility of physical injury associated with flag football and in consideration for 4F accepting my child for its flag football programs and activities, I hereby release, discharge and/or otherwise indemnify Fresh Faith Flag Football ("4F"), its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the Fresh Faith Community Church of the Nazarene against any claim by or on behalf of my child as a result of the child's participation in 4F. My child has received a physical examination by a physician within the last 12 months and has been found physically capable of participating in 4F. I give permission for a licensed doctor, physician, certified EMT or emergency treatment center selected by a 4F coach/representative to administer the necessary attention and aid IMMEDIATELY to my child should they become injured or sick during 4F games, practices or skills days and to do so without having to wait until I am contacted. I consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care deemed necessary. I understand that a 4F coach/representative will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold Fresh Faith Community Church of the Nazarene or any Fresh Faith Flag Football coach/representative responsible if efforts to contact me are unsuccessful. 4F is not responsible for accidents or injuries occurring before, during or after any 4F games, practices or skills days.

I authorize my child's photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), newspaper, television, video, social media or radio coverage of 4F without compensation.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, other parent and assigns.

As the parent and natural guardian or legal guardian of the child, I hereby agree to the foregoing Waiver of Liability, Authorization to Consent to Medical Treatment and Release for, and on behalf of, the child or children (participant(s)/minor(s)) named above. I hereby bind myself, the minor(s), and all other assigns to the terms of the Waiver of Liability, Authorization to Consent to Medical Treatment and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor(s) in the execution of this Waiver of Liability, Authorization to Consent to Medical Treatment and Release.

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Parent or Guardian Name (PRINT)

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Parent or Guardian Signature

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Date Signed

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Parent or Guardian Name (PRINT)

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Parent or Guardian Signature

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Date Signed

**Note: Parents/Guardians must also sign and submit the following documents which are included in the child/participant registration form:**  
Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form provided by the Ohio Department of Education  
Ohio Department of Health Concussion Information Sheet form