

LOVELL RECREATION DEPARTMENT
TACKLE FOOTBALL
CONSENT TO PARTICIPATE
& LIABILITY RELEASE

Name of Participant: _____ Gr; _____

Name of Participant: _____ Gr. _____

Parent/Guardian Name: _____

Address: _____ Cell # : _____

My child, wishes to participate in TACKLE FOOTBALL
during August 1, – October 20, 2018.

I acknowledge that allowing my child (children), to participate, the risks and possibilities for accident on and off the field, including, concussion increases.

I have read or been informed by staff of the activity for which the student is registering and do hereby release and discharge Lovell Recreation Department, Big Horn County School District #2, their boards and all persons or personnel related to or employed by the said organization from all actions, claims, demands or damages and costs accrued or any that may after be accrued on account of bodily injury, known or unknown, sustained resulting from accident injuries or damage while participating in **Tackle Football**. _____ initial

I hereby give my consent for my son/daughter to participate in the activity mentioned above as offered by the Lovell Recreation District, and will abide by all policies governing their programs/activities.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Please refer to the general "Consent to Participate & Liability Release" which has already been signed by parent or guardian, as signed below.

Parent or Guardian Signature: _____

Date: _____

(Printed) _____

*(This form will be attached to the afore mentioned "Liability" form
and put on file at the Lovell Recreation Office.)*