

WAIVER OF LIABILITY, MEDICAL RELEASE FORM AND DISCLAIMER

To Whom It May Concern:

This is to certify that I, the parent or guardian of _____

a participant in this year's Snap, Hold, & Kick Inc. clinics/camps, hereby grant permission to the adult director, coaches, volunteers or official representatives of the clinic to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, absolve, indemnify, and agree to hold harmless the City of Fontana, Central City Park (their director and staff), City of Murrieta, Chaffey Joint Unified School District, Etiwanda High School (their director and staff), Jurupa Valley School District, Rubidoux High School (their staff), Snap, Hold, & Kick Inc. program, Board of Directors, volunteer staff, the organizers, supervisors, participants, and persons transporting the participant to and from those activities, any clinics/camps held at any time and for any claim arising out of an injury to the participant.

I also acknowledge that Snap, Hold & Kick, Inc. may compile and use addresses and football photographs/video of named individual for the purpose of promoting the program in the community, compiling data, web-site usage (Facebook, Twitter, Instagram) and mailers. I consent to such uses and hereby give up all rights to compensation.

First Name:		Last Name:	_ Last Name:	
Address:		City:	_ Zip Code:	
Relationship to Participant:		Participant Date of Birth:	MONTH / DAY	/YEAR
Tel:	Mobile:	Email: (legible)		
Signed:		Date:		
Medical Insurance	Carrier:	Policy #		(if insured)

"Developing American's Youth, through Sports & Education"

WWW.SNAPHOLDKICK.ORG