**TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_\_**

**CALGARY SPRING FOOTBALL ASSOCIATION** (CSFA)

**CONSENT AND RELEASE FORM**

***It is required that this form be completed and submitted prior to ANY participation in any physical activity with a CSFA team.***

**Name of Player:**

**Address:**

**Postal Code:**

**Home Phone: DOB: (MON/day/year)**

**School: Grade:**

**FAMILY CONSENT AND RELEASE**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, (“Player”) and I / WE, the parents or**

**guardians of the aforementioned Player hereby acknowledge that the Player will be playing**

**full contact tackle football and consent to the Player’s participation in this activity and any**

**and all of the activities of the Calgary Spring Football Association (the “Association”). I/we**

**on my/our personal behalf and on behalf of the Player, acknowledge and fully understand and**

**agree to assume all risks and hazards involved in and arising out of such activities and/or**

**transportation to and from such activities. In consideration off my/this acceptance of the**

**Player’s application to be registered to participate in the Association’s activities, I/we hereby**

**waive, release, forego, discharge and forever relinquish any and all claims, demands, suits,**

**actions or causes of actions, which I/we may have against the Association, its directors,**

**officers, members, teams, organizers, sponsors, executive, supervisors, employees, agents,**

**workmen, coaches, managers, trainers and any person participating or assisting in the**

**carrying out of the Association’s objectives. This waiver is applicable to all events or**

**occurrences arising out of or resulting from, or incidental to, the activities of the Association**

**including, but not limited to, that of any negligence or gross negligence on behalf of any**

**person associated in any manner with the Association AND FURTHER, I/we hereby agree to**

**hold and save the Association harmless from any loss, costs or damage and from any claims**

**demands, suits, actions or causes of actions resulting from or arising out of or occasioned**

**by the player’s participation in any or all of the activities of the Association notwithstanding**

**that such loss, costs or damage may be the result of negligence or gross negligence of the**

**Association or any person associated with the Association.**

CSF – FORM - Consent and Release Page **1** of **2**

**I/We acknowledge, appreciate and agree that the risk of injury from the activities**

**involved in this program is significant, including the potential for permanent paralysis and**

**death, and while particular rules, equipment, and personal discipline may reduce this risk,**

**the risk of serious injury does exist and I/we knowingly and freely assume all such risks, even**

**if arising from the negligence of the Association or any person associated with the**

**Association.**

**I / WE HAVE READ THE FOREGOING AND UNDERSTAND THAT WE ARE**

**RELINQUISHING ANY RIGHT TO SUE IN THE EVENT OF AN INJURY TO OUR**

**SON/DAUGHTER WHO IS REGISTERING AS A PLAYER IN THE CALGARY SPRING**

**FOOTBALL ASSOCIATION. I/WE HAVE HAD AMPLE OPPORTUNITY TO CONSIDER THIS**

**FORM, THE IMPLICATIONS OF SIGNING THIS RELEASE, AND TO OBTAIN ANY OPINION OR**

**ADVICE I/WE DESIRE.**

**I/We believe that the Player is healthy and medically fit for full contact tackle football**

**and I/we are not aware of any medical condition, illness or disease that would place the Player**

**or other players at increased risk.**

**DATED AT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_**

**CITY, PROVINCE DATE MONTH YEAR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player’s Signature Player’s Name - Printed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Mother/Guardian’s Signature(s) Father/Mother/Guardian’s - Name(s) Printed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness - Signatures Witness – Name Printed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Manager’s Signature Team Manager’s Name - Printed**

**PRINT CLEARLY**

**Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor’s Clinic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have completed and submitted the required CSFA Health Questionnaire?** □ **YES** □ **NO**

CSF – FORM - Consent and Release Page **2** of **2**