



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.

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**

<u>PRINT CLEARLY</u>	
Family Doctor: _____	Phone: _____
Family Doctor's Clinic Address: _____	
I have completed and submitted the required CSFA Health Questionnaire? <input type="checkbox"/> YES <input type="checkbox"/> NO	