

2010 TFA Waiver Form

Player Name \_\_\_\_\_ Grade (2010): \_\_\_\_\_

School: \_\_\_\_\_

BY SUBMITTING THIS REGISTRATION FORM I CERTIFY, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

**Consent To Participate:** I am the parent or legal guardian of the child (or children) being registered in this registration form ("Participant.") I hereby give my consent for the Participant to participate in Tonka Football Assn ("TFA") and Lake Minnetonka Athletic Association ("LMAA") activities. **Assumption Of Risk** I acknowledge that participation in TFA and LMAA activities entails certain inherent risks that cannot be eliminated regardless of the care taken to avoid such risks. Such risks include but are not limited to risk of serious injury and even death. I understand and appreciate these risks and acknowledge they are inherent in participation in TFA and LMAA activities. I hereby acknowledge that Participant is participating voluntarily and that I, on Participant's behalf, knowingly assume all such risks. **Waiver And Release** In consideration of me or Participant being allowed to participate in TFA and LMAA activities, I on behalf of myself, Participant, and the heirs, personal representatives or assigns of myself and Participant, hereby forever release, waive, and discharge TFA and its directors, officers and agents, and LMAA and its directors, officers and agents, and all LMAA member organizations and their directors, officers and agents from, and covenant not to sue any of them regarding, any liability for any damage or injury or claims therefor (including such that arise from the negligence of TFA, LMAA, or LMAA member organizations or any of their respective directors, officers or agents) arising out of or in any way resulting from participation in TFA or LMAA activities. **Indemnification And Hold Harmless** I, on behalf of myself and Participant, shall indemnify, hold harmless and defend TFA, LMAA, and all LMAA member organizations from and against any injury or damage of any kind, and any claim therefor, arising out of or resulting from my or Participant's participation or involvement in any TFA or LMAA activity, and such indemnification and hold harmless shall apply and be fully enforceable even if such injury or damage arises out of the negligence of TFA, LMAA, or LMAA member organizations or any of their respective directors, officers or agents. **Authorization Of Medical Care** In the case of need for treatment of any injury to Participant, I authorize and approve of emergency treatment of any injury; request that TFA contact me before Participant is taken to the doctor or hospital; request that if Participant must be taken to a doctor or hospital then Participant be taken to the doctor and/or hospital I have named in the registration form; and agree that if TFA is unable under the circumstances to contact me or take Participant to the doctor or hospital I have named in the registration form, then TFA may take the Participant to any available doctor or hospital; **Release Of Information** All information submitted in the registration form may be provided to the coach or coaches of Participant's team. **Roster Release** I authorize TFA to include information provided in the registration form on a team roster for distribution to Participant's team. **Severability** I, on behalf of myself and Participant, agree that the Waiver and Release, Assumption of Risk, and Indemnification and Hold Harmless provisions are intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect. **Additional Responsibilities** Without in any way limiting the extent or scope of the foregoing, I also specifically agree to: notify Participant's coach promptly and fully of any restrictions on Participant's participation in TFA or LMAA activities; withdraw Participant from any TFA or LMAA activities in which Participant is or should be restricted or prohibited from engaging; monitor the LMAA heat index and any other conditions posted on the LMAA website; and provide Participant with sufficient amounts of water at all TFA and LMAA activities. **Acknowledgement Of Understanding** have read this document, fully understand its terms, and understand that I, on behalf of myself and Participant, am giving up substantial rights, including the right to sue. I acknowledge that I am agreeing freely and voluntarily, and intend for this written acknowledgement to be a complete and unconditional release of liability to the greatest extent allowed by law.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_