Pennsylvania Passing League
Assumption of Risk Agreement & Physician Release

I, the undersigned parent/legal guardian of_____authorize said child's full participation in the *PENNSYLVANIA PASSING LEAGUE*, including all related activities. It is my understanding that participation in activities that make up the *PENNSYLVANIA PASSING LEAGUE* is not without some inherent risk of injury. As such, in consideration of my child's participation in the *PENNSYLVANIA PASSING LEAGUE*, I covenant not to sue the *PENNSYLVANIA PASSING LEAGUE*, its financial sponsors, TSF Radio Network, LLC, the U.S. Army, _____, their officers, servants, agents or employees and release, waive, and discharge said parties from any and all liability, claims demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation and accept responsibility for the cost.

Without the signature of the parent/legal guardian, the individual named above will not be allowed to participate in any *PENNSYLVANIA PASSING LEAGUE* event.

SIGNATURE:	***DATE:***
PRINT NAME:	
EMERGENCY CONTACT INFO:	

PARTICIPANT INFORMATION

NAME:		
ADDRESS:		
CITY:	***STATE:***	***ZIP:***
HOME PHONE:	***CELL PHONE:***	
EMAIL:		
BIRTH DATE:	***YEARS of SCHOOL COMPLETED:***	
LANGUAGES SPOKEN:		
I, as a participant, agree to follow all instructions and procedures of the PENNSYLVANIA PASSING LEAGUE in an effort to maintain a maximum level of safety for myself, my teammates, and other participants.		
SIGNATURE: