



NORTH CAROLINA PASSING LEAGUE: Assumption of Risk Agreement & Physician Release

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NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BIRTH _____

PHONE _____ YEARS OF SCHOOL COMPLETED _____

LANGUAGES SPOKEN _____

E-MAIL _____


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GPO : 2009 535-745

I, the undersigned parent/legal guardian of _____ authorize said child's full participation in the *NORTH CAROLINA PASSING LEAGUE* including all related activities. It is my understanding that participation in activities that make up the *NORTH CAROLINA PASSING LEAGUE* is not without some inherent risk of injury. As such, in consideration of my child's participation in the *NORTH CAROLINA PASSING LEAGUE*, I covenant not to sue the *NORTH CAROLINA PASSING LEAGUE*, its financial sponsors, TSF Radio Network, U.S. Army, **(NAME OF SCHOOL WHERE EVENT IS BEING HELD)**, 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 *NORTH CAROLINA PASSING LEAGUE* event.

SIGNATURE:	DATE:
PRINT NAME:	
EMERGENCY CONTACT PHONE NUMBER:	

