



Waiver/Release for GEYF (Get-Togethers)

Last Name: _____ First Name: _____

Address: _____ Area/Division: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Birth Date: _____ Age: _____ Grade: _____ Ht: _____ Wt: _____

(Parent/Guardian Sign Below)

I hereby authorize the staff of GEYF (Golden Empire Youth Football) to act for me according to their judgment in any emergency situation requiring medical attention and hereby consent to such medical treatment as may be deemed reasonably necessary. On behalf of the participant(s), his parents/guardians, executors, administrators, heirs, next of kin, I hereby waive, release and forever discharge any and all claims against GEYF, it's officers, employees and agents, relating to or arising out of participation in or attendance at the select "Get-Together". In addition, I hereby indemnify and hold harmless GEYF from any and all liabilities and or claims asserted by other parties as a result of participation in or attendance at the select "Get-Together".

Parent/Guardian Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

"COMPETITIVE EXCELLENCE"