

**Medical and Liability Waiver  
Brownsburg Junior Football League  
PO Box 73, Brownsburg, IN 46112**

**Medication Authorization-Grant of Consent:** I hereby certify that my child is in good health and may participate in all activities inherent in the game of football. In case of injury or emergency, I give my permission for my child to be rendered reasonable medical treatment including, but not limited to, treatment at the scene, by EMTs or others, and if necessary transportation to the nearest accessible medical facility. I authorize Brownsburg Junior Football League Association, Inc. and its agents, directors, members, and volunteers to take whatever steps necessary to insure the health and safety of my child.  
\_\_\_\_\_ (initial)

**Liability Waiver:** As the parent (or legal guardian) of the above named minor, I understand football is a sport with inherent risks and potential injury, including but not limited to soft tissue injuries, broken bones, closed head injuries, paralysis and even death, and with this knowledge I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazard incidental to such participation, including medical coverage and do hereby waive, release, absolve, indemnify and agree to hold harmless the Brownsburg Junior Football League Association, Inc. and its agents, directors, members, partners, sponsors, volunteers and other participants and any other personnel or entities acting on its behalf from all tort and civil liability whether the result of negligence or for any other cause.  
\_\_\_\_\_ (initial)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date