



Medical Payment Release Agreement 2008

I, _____ the parent and/or legal guardian
please print name

of _____ do hereby grant permission for said
please print athlete's name
child to participate in Portsmouth Youth Football. I understand that football is a physical sport and therefore understand that injuries may occur. I hereby release Portsmouth Youth Football, its coaches, directors, instructors, members and their heirs and successors from any and all liability for injuries that may occur to the above-named child while under their supervision.

I further understand and agree that if I am not present when my child suffers an injury, I shall be fully responsible for paying any and all medical cost, including ambulance services, which a Portsmouth Youth Football representative deems necessary for the health and safety of my child.

*My signature below confirms my understanding and acceptance of this **Medical Payment Release Agreement**.*

Parent/Guardian Signature

Date

**Portsmouth
Youth
Football**

P.O. Box 4357
Portsmouth
New Hampshire
03802-4357