

Waiver Liability/Release Form

Annual Choo Choo Bowl

Team Name: _____ Age Group: _____

Agreement, Release and Waiver of Liability Form

I understand that all athletic & recreational programs/activities involve some risk of accident and may result in serious injuries and that protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless Annual Choo Choo Bowl, Bills Youth Association, City of Chattanooga, any school/facility that permit the Annual Choo Choo Bowl games and H.C.D.E. authorized agent(s) harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate(s) in any program activity.

I authorize The Bills Youth Association or its authorized agent(s) to act in my behalf, to authorize medical treatment to, upon, or for the benefit of myself and/or minor child, for any minor injuries which may occur from our participation in the Annual Choo Choo Bowl. I recognize that such treatment shall be my full responsibility. In the event of a more serious injury that may require emergency medical treatment, I authorize such personnel to see that myself and/or my minor child is transported to and treated at the nearest medical facility, with the related expenses being my full responsibility.

	First Name	Last Name	Parents Signature
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2			
3			
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Additional players, please complete an additional form with name and parent/guardian signatures.

As Coach of the above team, I do hereby state that the information above is accurate to the best of my knowledge

Coach Name: _____

Coach Signature: _____ Date: _____

Remember to make a copy of this and have parent sign both. You keep one and one you bring to registration. This document is required to complete the registration.