** Bulldog Flag Football**

***CITY OF OLMSTED FALLS***

***WAIVER OF LIABILITY***

In return for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) being allowed to participate in the City of Olmsted Falls/Olmsted Recreation Flag Football Program (“the Program”) I release and agree not to sue the City of Olmsted Falls/Olmsted Recreation, and their employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the Participant’s participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing Participant to participate in the Program with knowledge of the danger involved and agree to accept all risks for such participation.

I certify that the Participant is in excellent physical health and may participate in strenuous and hazardous physical activities, including the football to be played in the Program. Permission is granted to Participant to receive emergency medical treatment if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of participation in the Program and all related activities. I agree to let the parties use Participant’s name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document intended to be as broad and inclusive as permitted by the laws of the State of Ohio is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am parent/legal guardian of the child named above, and I agree that the terms of this release are binding on me and the child.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Printed Name

Participant Name Grade Level

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