

IYA Liability Waiver & Release Form

Organization: _____

Program/Event: _____

Participant's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Acknowledgment of Risk

I, the undersigned parent/guardian of the above-named participant, understand that participation in youth sports involves physical activity, which may include running, jumping, contact with other participants, and use of equipment. I acknowledge that injuries, including but not limited to sprains, fractures, concussions, or other serious injuries, may occur as a result of participation.

I voluntarily assume all risks associated with participation in this program, including travel to and from events, practices, and games.

Medical Authorization

In the event of an emergency, I authorize the Itasca Youth Association (IYA), coaches, volunteers, or representatives to seek medical treatment for my child. I agree to be responsible for any and all medical expenses incurred as a result of participation.

Please list any known medical conditions, allergies, or medications:

Release of Liability

In consideration for my child being allowed to participate, I, on behalf of myself, my child, and our heirs, executors, and assigns, hereby release, discharge, and hold harmless the Itasca Youth Association, its officers, directors, coaches, volunteers, sponsors, and representatives from any and all liability, claims, or causes of action arising out of or related to participation in the program, including but not limited to personal injury, illness, property damage, or death.

Code of Conduct

I acknowledge that my child and I are expected to demonstrate good sportsmanship, follow team and league rules, and respect coaches, officials, and other participants. I understand that failure to comply may result in removal from the program without refund.

Photo/Video Release

☐ I DO

☐ I DO NOT

authorize the Itasca Youth Association to use photos or videos of my child for promotional and social media purposes.

Acknowledgment & Signature

I have read and fully understand this waiver and release of liability. By signing, I agree to its terms voluntarily and knowingly.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Phone Number: _____

Email: _____