

GO TIME FLAG

FLAG FOOTBALL PRACTICES & TOURNAMENTS

Participant Medical Consent & Activity Waiver

Organizer: Go Time Flag Football

Location: Chula Vista, California, USA

Please complete this form before participating in practices or tournaments during the season listed above.

Participant Information

Full Name: _____

Participant is: ☐ Age 18 or older ☐ Under age 18

Email (parent/guardian's if a minor): _____

Phone (parent/guardian's if a minor): _____

Emergency Contact

Full Name: _____

Relationship to Participant: _____ Phone: _____

Participation and Safety

In this form, "participant" means the person identified above. A parent or legal guardian must complete the guardian section for participants under 18.

☐ I understand that flag football involves running, sudden changes of direction, throwing, catching, and close interaction with other players. The participant must follow game rules, staff instructions, and equipment requirements.

☐ The participant will participate within their abilities and stop and notify staff if injured, unwell, dizzy, or otherwise unable to participate safely. Any concerns about safe participation should be discussed with a qualified healthcare professional before participating. This form does not provide medical clearance.

For accommodations or essential emergency care instructions, contact Go Time Flag Football before participation. Do not submit detailed medical records through this form.

Acknowledgment of Risk

☐ I understand that flag football involves risks even when tackling is prohibited. These include accidental contact, collisions, falls, uneven or slippery playing surfaces, contact with the ball or equipment, and weather exposure. Possible consequences include sprains, strains, fractures, head injuries or concussions, dehydration, heat-related illness, and other serious injuries, disability, or death.

I understand that safety rules and supervision cannot eliminate all risks. As an adult participant, I voluntarily accept the inherent risks of participation. As a parent or legal guardian, I acknowledge these risks when permitting my child to participate.

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Emergency Medical Assistance

☐ I authorize Go Time Flag Football staff to contact the emergency contact listed above and request emergency medical assistance for the participant.

If the participant cannot communicate, I consent to first aid within the responder's training and emergency assessment and transport, subject to applicable law. For a minor participant, I provide this consent as their parent or legally authorized guardian. Treatment decisions remain with qualified healthcare professionals under applicable consent requirements.

I understand that medical or transport charges may be the responsibility of the participant or their parent/guardian, as determined by applicable law and insurance arrangements.

Limited Release of Liability

Please read carefully. This section concerns your legal rights.

To the extent permitted by California law, I release Go Time Flag Football from claims for injury or loss arising from the inherent risks of my voluntary participation in its flag football practices and tournaments in Chula Vista, California, from September 21, 2026, through December 14, 2026.

This limited release does not extend to gross negligence, reckless or intentional misconduct, or any liability that cannot lawfully be excluded. It does not waive any rights of a minor that cannot legally be waived.

☐ As an adult participant, I have read and understand this limited release.

☐ Not applicable—I am completing this form for a minor.

Parent or Legal Guardian — Required for Participants Under 18

I confirm that I am the participant's parent or legally authorized guardian. I have read the risk acknowledgment and give permission for the participant to take part in the practices and tournaments identified above. I consent to the emergency assistance described in this form.

Parent / Guardian Name: _____

Relationship to Participant: _____ Phone: _____

Parent / Guardian Signature: _____

Date: _____