COBB FOOTBALL LEAGUE PLAYER CERTIFICATION FORM

PLAYER FIRST NAME: _____

PLAYER LAST NAME: _____

DATE OF BIRTH: _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

TEAM: _____ **UNIFORM #:** _____

WEIGHT: _____ **RESTRICTED WEIGHT PLAYER:** ☐

GUARDIAN 1 FIRST NAME: _____

GUARDIAN 1 LAST NAME: _____

RELATIONSHIP: _____

EMAIL: _____

PHONE #: _____

GUARDIAN 2 FIRST NAME: _____

GUARDIAN 2 LAST NAME: _____

RELATIONSHIP: _____

EMAIL: _____

PHONE #: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PRENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of 's _____ (hereinafter "the Child") participation in any way in the Cobb Football League, Inc. ("CFL"), I attest and affirm that I am the legal guardian or parent of the above-named minor child, and I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I and the Child understand the nature of full contact tackle football activities and that he is qualified (in age and residence), in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I or the Child believes that his personal safety may be compromised, he will immediately discontinue further participation.

2. FULLY UNDERSTAND that: (a) FULL CONTACT TACKLE FOOTBALL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Child's own actions or inactions, the actions or inactions of others participating in the activities, the condition in which the activities take place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ANY AND ALL SUCH RISKS AND RESPONSIBILITY OF LOSSES, COSTS, AND DAMAGES the Child or I may incur as a result of his participation in the activities.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Cobb Football League, Inc. , their respective administrators, clients, directors, agents, officers, members, coaches, volunteers, employees, as well as other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activities take place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY OR MY CHILD'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS;AND I, ON BEHALF OF MYSELF AND MY CHILD, FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damages, or cost which any may incur asthe result of such claim.

I have read this agreement, fully understand its terms, understand that i have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the remaining provisions shall continue in full force and effect. I further certify that the child's registration information is correct. I give my child's school permission to release information regarding age, residence, address, and recognized parent or legal guardianship to a CFL (Cobb Football League, Inc) Executive Board Member.

LEGAL GUARDIAN SIGNATURE: _____ **PRINTED NAME:** _____

DATE: _____ **RELATIONSHIP:** _____

CFL Certification: I understand and do affirm that the information listed above is correct and accurate to the best of my knowledge

HEAD COACH NAME: _____ **SIGNATURE:** _____

CERTIFIED BY CFL REPRESENTATIVE NAME: _____ **SIGNATURE:** _____

CERTIFIED BY CFL REPRESENTATIVE NAME: _____ **SIGNATURE:** _____