City of Idaho Falls Parks & Recreation
Release Form for Youth Sports

Player Name:

Phone # (for text messages & emergency:

Parent/Guardian Name:

Player' allergies or significant medical conditions:

As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

Parent/Guardian Signature:

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb.   I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto.

I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.

This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

Parent/Guardian Signature: