CITY OF DESOTO MINOR WAIVER AND RELEASE OF LIABILITY

Participant's Name: _____
Address: _____
_____
Date: _____, 2012

For good and valuable consideration, including participation of the above named minor in the Youth Football Program sponsored by the City of DeSoto, Texas (the "City"), the undersigned parent or legal guardian for and on behalf of themselves and the above named minor, their heirs, representatives and assigns (collectively referred to as the "Undersigned Participant") does hereby release, indemnify and hold harmless the City of DeSoto, Texas, its officers, agents, employees, contractors, third party representatives and invitees (collectively referred to as "DeSoto") from any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury, including death, property damage and lawsuits and judgments, including court costs, expenses and attorneys' fees, and all other expenses that the Undersigned Participant has, or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly from the Undersigned Participant's participation in the Youth Football Program sponsored by DeSoto, and from any direction or instruction by DeSoto personnel during periods of participation and from any acts or omissions by any third parties. It is further agreed that the execution of this release shall not constitute a waiver by DeSoto of the defense of Governmental Immunity, or to defenses predicated on the Texas Automobile Guest Statute, or any other defense recognized by the courts of this State.

The Participant understands that participation in the Youth Football Program sponsored by DeSoto shall be under the direction and control of DeSoto personnel and agrees to strictly comply with all DeSoto rules, directives and regulations written or otherwise including any personal direction from DeSoto personnel during any time the Undersigned Participant is participating in the Youth Football Program. The Undersigned parent or legal guardian of Participant agrees to assume any and all risks associated with Participant participation in the Youth Football Program. By the signature below, the Undersigned parent or legal guardian of Participant acknowledges that the undersigned has read and understands the DeSoto rules, directives and regulations, and agrees Participant will abide by them.

_____
UNDERSIGNED PARENT OR LEGAL GUARDIAN OF VOLUNTEER

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I (We), the undersigned parent(s) of_____, a minor, do hereby authorize all representatives of the City of DeSoto as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special Provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT EITHER PARENT, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELIABLE FRIEND OR RELATIVE:

Emergency Contact Name: _____ Phone: _____

It is understood that effort shall be made to contact the undersigned Parent/Guardian PRIOR to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through December 31, 2012, unless sooner revoked in writing and delivered to said agent(s).

Date: _____ **Home Phone#** _____

Signature of Mother: _____ **Work Phone #** _____

Signature of Father: _____ **Work Phone #** _____

Signature of Guardian: _____ **Work Phone #** _____

Doctor's Name: _____ **Phone #** _____

Medical Information: (include known allergic reactions, specific medications, medical problems, etc.)

_____
_____
_____
_____

Printed Name: _____

Printed Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Parent or Guardian Signature:_____Relationship:_____

Parent or Guardian Signature:_____Relationship:_____

Date___/___/___