

**2016 RICH CITY SPIDERS HOLIDAY BOWL
CONSENT & ACKNOWLEDGEMENT FORM**

**(ALL PLAYERS MUST HAVE THIS FORM COMPLETED) –
FORM IS FRONT AND BACK**

I am fully aware, understand, acknowledge, and give permission for my player: _____

to participate in the promotional ads of RCSAA Football League. I understand that all photographs taken will be for publicity not limited to the league website and will be used only for recognition and as a benefit and award to my player for his/her achievement.

(please check one of the boxes below)

I give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I do not give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I understand and acknowledge that participation in the activities this weekend involves inherent risks of injury to my child including risks associated with transportation by a motor vehicle. I agree to indemnify the RichCity Spiders Coaches and Staff & the RichCity Athletics Association for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given to my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in this weekend's activities. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment.

I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize RichCity Spiders Coaches and Staff & the RichCity Athletic Association to act on my behalf and in my absence, to use judgment on medical matters.

Parent Signature: _____

Date: _____