



Kirkwood Athletic Association - Roster
Release and Waiver - Power of Attorney for Consent to Medical Care

Division of Play

Team Name: _____
 Manager's Name: _____

Manager Phone: _____
 Manager Address: _____
 Manager City-State-Zip: _____

Release and Waiver:

The undersigned, being the parent or legal guardian of the Player named below, as inducement for and in consideration of the agreement by Kirkwood Athletic Association (KAA) that the Player may take part in athletic activities organized and sanctioned by KAA, hereby covenants and agrees that KAA and its directors, officers, employees and agents shall not be liable in any way for any personal injuries, including death, or damage to property that the Player may sustain in any manner which result from or arise out of the Player's preparation for or participation in such activities. The undersigned hereby fully releases and discharges and covenants not to sue KAA and its directors, officers, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Player's preparation for or participation in such activities. The undersigned acknowledges and assumes full responsibility for, and risk of, such personal injury, including death, and damage to property and for all medical and other expenses incurred as a result of the Player's activities.

The undersigned agrees that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate. This Release and Waiver shall be binding on the heirs, executors, administrators and assigns of the undersigned and the Player. The undersigned has read and fully understands this Release and Waiver.

Power of Attorney for Consent to Medical Care:

The undersigned, being the parent or legal guardian of the Player named below, hereby authorize KAA to consent to any kind of medical care that he or she may deem necessary or appropriate, including, but not limited to treatment for fractures, burns, cuts, abrasions, surgery, blood transfusions, and the administration of drugs. In order to assure that the Player receives prompt medical care and treatment when necessary, we hereby release any healthcare provider who provides such services to a child in reliance on this Power of Attorney, from any and all claims, suits, or liabilities arising out of or with respect to said treatment. This Power of Attorney is dated below and shall be valid for one calendar year.

Important Disclosure:

The undersigned, being the parent or legal guardian of the player named below, has been informed through this notice that the Kirkwood Athletic Association **does not perform background checks or vouch for the character of** the managers, coaches or volunteers who may interact with your child. It is the responsibility of each parent/guardian to take whatever measures they feel necessary with regard to their respective managers, coaches or volunteers to insure the safety of their child while participating in any event directly or indirectly associated with Kirkwood Athletic Association. By signing below I understand and agree to hold KAA and its directors, officers, employees and agents harmless of any claims that could arise from sexual misconduct involving my child.

Player's Name	DOB	Street, City, Zip	Parents Signature

I Certify that I was present and did witness the signatures above and that they are valid.

Manager Signature: _____
Date: _____