



# Diamond Hill North Side Youth Association Participation Registration Waiver

## **PARTICIPATION/WAIVER OF LIABILITY**

I, the Parent/Guardian of the participating child, give my approval for the minor to participate in the activities of this Association. I do hereby release this Association of any liability for injuries received by my child while participating in any Association activity. I assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, absolve, indemnify and agree to hold harmless the DHNS Youth Association Board of Directors, NTYFA, FWISD, FWPAL, City of Fort Worth, coaches, organizers, volunteers, referees and participants, for any claim arising out of an injury to the participant, except to the extent of the amount covered by accidental and/or liability insurance by Association.

## **PARENT EXPECTATIONS & REQUIREMENTS**

I, the Parent/Guardian of the above named child, will cooperate with this Association and abide by all league rules. I understand that all registration fees must be paid in advance and will be used for league operation. I understand that, as a Parent/Guardian, I am required to volunteer at least **ONE** concession shift and/or league fundraiser, in addition to assisting with any team fundraisers, as part of my child's participation.

## **PHOTO/VIDEO/MULTIMEDIA RELEASE**

I, the Parent/Guardian of the participating child, hereby give permission to the Association to use one or more photographs taken while participating in Association practices, games, and other events in any manner approved and deemed appropriate by the Association. I understand that I will not receive any compensation if such image appears in any publication, printed matter, media release, promotional announcement (electronic or otherwise), television program, on the Internet, or in any other venue. I agree that such image is the property of the Association.

## **PARENTAL MEDICAL AUTHORIZATION**

I, the Parent/Guardian of the participating child, do hereby give permission to the managing personnel or other Association representatives to authorize and obtain medical care for my child, from any licensed physician, EMT, hospital, or medical clinic, should the participant become ill or injured while participating in Association activities when neither parent is available to grant permission for emergency treatment.

For any questions about this registration waiver, please contact the DHNS Youth Association President at:  
[DHNSYouth@gmail.com](mailto:DHNSYouth@gmail.com)