

BMFA Waiver/ Recognition of Risk

In signing this waiver form, the parent (s) and or guardians recognize that flag/ contact football can be a contact sport and that accidents and/ or injuries to participants may result from the game, tournaments, exhibitions, practices, clinics, seminars, drills, training sessions, camps and the like whether an adult attended or not.

I/ we, the parents(s) or guardians (s) of the below named	player, hereby give my/our approval to his/her
participation in any and all activities and programs of the	Beaumont Minor Football Association also
known as BMFA during the current(season year) season. I/we assume all risks and
hazards incidental to the conduct of activities, including to	ransportation to and from such activities. I/we
do further hereby release, absolve, indemnify and hold ha	
officials appointed and/ or employees by the Beaumont N	
to the extent not covered by liability insurance, any claim	against any person for any reason and when
transporting the registrant to and from the activities.	
I give permission for my child (PLAYER NAME))
to participate in the Flag football/ Contact for	otball activity and all programs of the
Beaumont Minor Football Association and an	, , ,
beaumont willor Football Association and an	y armiated organizations.
Name of Parent/ Guardian (please print):	
Signature of Parent/ Guardian:	
Date:	
In case of an emergency, I give permission for	r my child to receive medical
treatment. In case of such an emergency plea	se contact:
Name:	Phone #



Parent Release Form for Media Recording

		signed, do hereby grant or deny permission to Beaumont Minor Football Association to use f my child,, as marked by my selection(s) below.		
Such u image printe	ise inc s, and d mat	cludes the display, distribution, publication, transmission, or otherwise use of photographs, /or video taken of my child for use in materials that include, but may not be limited to, erials such as brochures and newsletters, videos, and digital images such as those on the Minor Football Association website.		
	Deny	permission to use my child's image at all.		
	Gran	Grant permission to use my child's image in the following ways (mark all that apply):		
		Limited usage: I want my child's image used within the Beaumont Minor Football Association setting only (not in the larger community).		
		Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Beaumont Minor Football Association or in the larger community. One example of this could be videos in parent education classes.		
		Limited usage: I want my child's image used on printed materials only (no digital or video use).		
		Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Beaumont Minor Football Association for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.		
Parent	/Guar	dian signature Date		
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Equipment Director
Beaumont Minor Football Association
Beaumont, Alberta