



ORANGE COUNTY JUNIOR ALL AMERICAN FOOTBALL RELEASE OF LIABILITY



FULL NAME of PARTICIPANT: (TYPE OR PRINT) <input type="checkbox"/> PLAYER <input type="checkbox"/> CHEERLEADER		
NAME OF EVENT:		
LOCATION OF EVENT (CITY, STATE):		
PRACTICE LOCATION IF APPLICABLE (CITY, STATE):		
DATES OF EVENT:	BEGINNING:	ENDING:

THIS FORM MUST BE COMPLETED AND RETURNED TO AN OCJAAF OFFICIAL ON OR BEFORE THE DATE OF: ____/____/____

I/We the parents/guardians of the aforementioned player/cheerleader participant, assumes all risks and hazards incidental to such participation in the aforementioned event This is to include transportation to and from the event. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Team, the Chapter, OCJAAF, including Sponsors and other related participants for any claim out of injury and or damages to my or by my/our child.

Furthermore, we understand it is our responsibility as the parent/legal guardian and participant to comply with any and all Rules, Regulations, By-Laws of OCJAAF and that any noncompliance shall be cause for disciplinary action to be taken against said participant, parents, guardian, team or chapter by OCJAAF.

This form must be signed and returned to the official OCJAAF representative or Chapter President as directed. If not received by the return date indicated above, the participant will not be permitted to participate in the aforementioned event/activity.

PARENT/LEGAL GUARDIAN SIGNATURE	PRINTED NAME	DATE SIGNED
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HEAD COACH SIGNATURE	PRINTED NAME	DATE SIGNED
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CHAPTER PRESIDENT SIGNATURE	PRINTED NAME	DATE SIGNED
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OCJAAF VERIFICATION ONLY
RECEIVED BY OCJAAF OFFICIAL
DATE RECEIVED