



PLAYER/PARENT ASSUMPTION OF RISK AND EQUIPMENT FITTING



Assumption of Risk involved while participating in the sport of Football

WARNING LABEL ON THE BACK OF YOUR SON'S HELMET READS AS THE FOLLOWING:

Do not strike an opponent with any part of this helmet or face mask. This is in violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK.

I have been fitted properly for my equipment and realize that proper fitting of my helmet, shoulder pads, and additional football equipment distributed by Parkway West Junior Football program helps reduce my chances of any of the above injuries from occurring.

We the parents or guardians of _____ have read the "Helmet Warning" label and realize the risks involved while participating in the sport of football. We have read the warning label as noted above and give our son permission to participate in contact football in the Parkway West Junior football program.

Parent Signature _____ Date _____

Player Signature _____ Date _____