

POWDER PUFF FOOTBALL PARTICIPANT CONTRACT

NOTE: All participants must also sign the "POWDER PUFF SAFETY CONTRACT."

ACKNOWLEDGMENT OF RISK, RESPONSIBILITIES OF PARTICIPANT AND PARENT/GUARDIAN, ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS, INDEMNIFICATION, PERMISSION

THIS IS A TWO PAGE LEGALLY BINDING CONTRACT, and by my signature along with my parent/guardian, as well as by my and parent/guardian initialing each paragraph, I affirm that I/we have carefully read this document in its entirety, and agree to each and every term and condition.

ACKNOWLEDGEMENT OF RISK

____ I/WE UNDERSTAND THAT THERE ARE DANGERS AND RISKS (both apparent and unanticipated) INHERENT IN POWDER PUFF FOOTBALL PRACTICES AND GAMES.

____ I/we understand that participant could sustain serious injuries and illnesses, including paralysis, brain damage, and injury to bones, joints, ligaments, muscles, tendons and internal organs. Injuries and illnesses sustained while participating in powder puff football activities could result in a serious impairment of participant's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Injuries and illnesses sustained while participating in powder puff football activities could result in death.

RESPONSIBILITIES OF PARTICIPANT AND PARENT/GUARDIAN

I/we have accepted the following responsibilities:

____ In consideration of the possibility of an accident, I/we hereby consent to **emergency transportation and treatment** necessary in the event of injury or illness. I/we hereby accept responsibility for the payment of any emergency transportation or treatment expenses and any subsequent medical bills. I/we acknowledge that the St. Vrain Valley School District has not purchased any health or accident insurance to cover such expenses and voluntary student accident insurance** is available for purchase from the school office or a qualified insurance company or agent. (** Note that it is not necessary to purchase the football specific coverage for powder puff football. The 24 hour plan and the at-school plan will cover powder puff football)

____ I/we affirm that the participant is physically and mentally fit and competent to participate in powder puff football activities.

____ Participant will not attend practices or games under the influence of a **controlled substance** as defined in school board policy JICH "Substance abuse by Students."

____ Participant will **comply with the instruction and directions** of the school staff members, supervisors, coaches and/or officials during their participation in Powder puff football activities.

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

____ In consideration of the opportunity to participate in the Powder puff football activities, I/we hereby assume all risk of injury and waive any right of recovery from, or to bring suit against, the St. Vrain Valley School District (District), its employees, volunteers, or agents, for any personal injury, death, or other consequences arising out of participation in this activity. We also agree to release the District of any responsibility for damage to or loss of participant's property occurring during or by reason of participation in this activity. This release is not to be construed as a contractual waiver by the District of any immunities or defenses provided to the District by the Colorado Governmental Immunity Act, or by other statutes or common law.

INDEMNIFICATION

_____ I/we, agree to indemnify and hold harmless the St. Vrain Valley School District, its employees, volunteers, or agents from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participant's negligent and/or intentional acts, errors and omissions while participating in any aspect of the powder puff football activities.

PERMISSION

I _____ hereby give permission for _____
(print parent/guardian name) (print student / participant name)

to participate in powder puff football activities.

SIGNATURES

I/we further acknowledge that no representations or promises by school district representatives have been made to induce me to sign this release. **THIS IS A LEGALLY BINDING CONTRACT**, and by my signature and by my initialing each paragraph, I affirm that I have carefully read this document in its entirety, and agree to each and every term and condition.

Participant's Name (please print)

Participant's Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian's Signature

Date

Powder puff football Participant Contracts to be kept on file at the school for seven years.

POWDER PUFF FOOTBALL SAFETY CONTRACT

NOTE: All participants must also sign a "POWDER PUFF FOOTBALL PARTICIPANT CONTRACT."

CONTRACT TO FOLLOW POWDER PUFF FOOTBALL SAFETY POLICIES

THIS IS A TWO PAGE LEGALLY BINDING CONTRACT, and by my signature and by my initialing each paragraph, I affirm that I have carefully read this document in its entirety, and agree to each and every term and condition. I accept full responsibility for my own safety and will respect the safety of other participants. I agree to abide by, and to help enforce, the following and future safety policies:

____ 1. I understand the strict and severe consequences for unsportsmanlike conduct during practices and the game. Ejection from the game and possible suspension from school will happen if the following actions occur:

- a. Tackling at any time during the Powder Puff game.
- b. Intentionally hurting another player during the game.
- c. Bringing unauthorized items on the playing field, including food items, shaving cream, silly string, etc.
- d. Having unauthorized coaches, cheerleaders, or spectators come onto the playing field.
- e. Using negative and derogatory language during the game.
- f. Intentionally tying flags onto any part of the body or clothing.
- g. Insulting the referees.
- h. Failure to abide by any flag football rules and penalties, and any action deemed reprehensible by either the referees, or administration.

____ 2. I understand that if my behavior is distracting to others or unsafe in any regard, my participation may be terminated by the school staff member, supervisor, and/or coach.

____ 3. I will not attend practices or games under the influence of a controlled substance as determined in School Board Policy JICH "substance abuse by students." If I am in violation of this policy I will not be allowed to participate.

____ 4. I am physically and mentally fit and competent to participate in powder puff football activities.

____ 5. I will wear the required powder puff football equipment and clothing while participating in any Powder puff football activity.

____ 6. I will inform the school staff member, supervisor, or coach of any situation seen as unsafe or not in accordance with Safety Policies, and all accidents or equipment damage, caused by myself or others, immediately.

____ 7. I recognize the importance of following instructions regarding technique, training, safety, equipment use, rules, etc., and I agree to obey such instructions.

____ 8. I will assist and encourage less experienced Players and will accept individual and group failures as well as successes.

____ 9. I recognize that in order to be a safe team member I must attend the practices.

____ 10. I respect that individuals have different skill levels than mine — I agree that I will not use "put-downs" or otherwise negative remarks toward myself or others in class.

____ 11. I accept the responsibilities and high expectations of safety set forth in this contract.

_____ 12. I agree to abide by the game rules.

_____ 13. I must have both the **POWDER PUFF FOOTBALL PARTICIPANT CONTRACT** and the **POWDER PUFF FOOTBALL SAFETY CONTRACT** signed and on file at my school.

I acknowledge that the school staff members, supervisors and coaches reserve the right to deny participation to any individual at any time, for breach of this safety contract, or for any conduct that is viewed as unsafe or inappropriate. I further acknowledge that no representations or promises by school district employees have been made to induce me to sign this contract. In consideration of being allowed to participate in Powder puff football, I acknowledge that I have read, initialed, and agree to abide by the Safety Policies.

Participant's Name (please print)

Participant's Signature

I/we understand that if I/we do not sign this contract, then my child will not be permitted to participate in Powder puff football activities. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardians of _____ (student participant).

Parent/Guardian Name (please print)

Parent/Guardian's Signature

Date _____

Student Safety Contracts will be kept on file at the school for seven years.