

**CONSENT AND RELEASE FORM FOR PARTICIPATION IN
BARNSTABLE SILVER BULLETS YOUTH CHEERLEADING**

I/WE, _____, OF _____ declare that:
(Parent(s) or Guardian(s) Town or Village

I/WE am/are the (Mother, Father, Parents or Legal Guardian) of _____
(Cheerleader)

a minor, age _____ born _____, 19 _____, and have full custody & control of the minor.

1. I/We consent to the minor's participation in Barnstable Youth Cheerleading for the Barnstable Silver Bullets.
2. In consideration of the minor being permitted to participate in Barnstable Youth Cheerleading conducted by Barnstable Youth Football, Inc., I/We hereby release, waive and discharge on behalf of ourself/myself and the minor over which I/We have custody and control, Barnstable Youth Football Inc., its officers, coaches, members, sponsors, promoters, and participants and each other of them, their officers and employees (hereinafter "release) from all liability to us/me or the minor, or any legal representatives, heirs, and assigns, for any and all loss or damage, and any claims or damages resulting there from, on account of injury to the minor's person, even injury resulting in death, whether caused by negligence of release or otherwise while the minor is competing in Barnstable Youth Cheerleading.
3. I/We agree to indemnify the release and each of them from any loss, liability, damage or cost they may incur in connection with any claim filed against them due to the participation of the minor in Barnstable Youth Cheerleading whether caused by negligence of the release or otherwise.
4. I/We hereby assume full responsibility for the risk of bodily injury or death to the minor due to the negligence of the release or otherwise while the minor is participating in Barnstable Youth Cheerleading.
5. I/We hereby acknowledge that Barnstable Youth Football, Inc. will not provide insurance coverage for the minor while participating in Barnstable Youth Cheerleading.
6. I/We hereby covenant and agree that even if Barnstable Youth Football, Inc. provides insurance coverage, I/We shall remain fully responsible for injuries or death not covered by such insurances.
7. I/We expressly agree that this consent, release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Date

Signature

Phone

Home Address (Street/ P.O. Box)

Grade entering Sept. 2008

Prior Yrs. In this Program

Village, Town

Zip

List other siblings in Barnstable Silver Bullet Program (ie. Cheerleader or Football – Mite, Pee Wee, Midget)

Name & Age _____

Name & Age _____