

Powerpuff Football Game - Participant Permission & Liability Waiver Form

Event Date: PowderPuff 2025 game (10/01/25) and all practices leading up to the game.

Location: Centennial High School

Event Organizer: Centennial High School Football Club / Athletics Department

Participant Information

Full Name: _____

Grade: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Acknowledgment of Risk & Release of Liability

I, the undersigned participant and/or parent or legal guardian, understand and agree to the following:

1. I am voluntarily participating in the Powerpuff Football Game hosted by Centennial High School, part of the West Ada School District. I understand this is a recreational, non-contact/touch football game that involves physical activity, including but not limited to running, quick movements, and incidental physical contact. I understand that participation carries inherent risks of injury.
2. I acknowledge that potential injuries may include, but are not limited to, sprains, strains, bruises, broken bones, concussions, or other physical harm. I assume all risks, known and unknown, related to participation in this event.
3. I certify that I am (or my child is) physically fit to participate and have not been advised otherwise by a medical professional. I agree to inform the event organizers of any relevant medical conditions.
4. In consideration of being allowed to participate, I hereby release, waive, discharge, and hold harmless **Centennial High School**, the **West Ada School District**, its employees, administrators, volunteers, sponsors, and affiliates from any and all liability, claims, demands, actions, or causes of action for injuries, damages, or losses arising out of or connected with participation in this event, including any transportation to or from the event.
5. I authorize event organizers to obtain emergency medical care if necessary. I understand that I am responsible for any medical costs incurred as a result of participation.

Photo/Media Release (*Optional*)

I give permission for photographs or videos taken during the event to be used for school-related media (*e.g., yearbook, website, social media, local news*).

☐ Yes. ☐ No

Signatures

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (*if under 18*): _____ **Date:** _____