



Ridgeline Youth Football

Insurance Waiver and Acknowledgement

I, _____, do not have health insurance for my
Child, _____, who is enrolled in Ridgeline Youth Football.
I will not hold Ridgeline Youth Football, the Wasatch Front Football League, and/or any
of their staff responsible in case of injury while participating in the football program. I
also accept responsibility for any medical expenses incurred because of any injury while
participating in the football program.

Date

Printed Name

Signature of Parent or Legal Guardian