



TACKLE DEPRESSION
 Youth Football Clinic Series
 Hosted by THE RAINE Foundation



Insurance and Liability Waiver

As the parent or guardian of the registered child, I hereby give my approval to his/her participation at the Tackle Depression Youth Football Clinic hosted by The RAINE Foundation. I understand that the primary insurance coverage is my responsibility through my own insurance plan. In case of injury to my child, I agree to waive all claims resulting from or in connection with the Football Clinic, its coaches, Raritan High School, its staff, the Hazlet Township Public Schools, The RAINE Foundation and Tackle Depression and their members.

_____ (Parent/Guardian Signature) Date: _____

_____ (Print Name Above)

Physician Waiver to Participate

I hereby certify that _____ (Participant Name) is in good physical condition.

_____ (Physician Signature) Date: _____

_____ (Doctor's Office- Print Name)