

**Slidell High School Powder Puff Football Waiver**

I \_\_\_\_\_ recognize that there are inherent risks in Powder Puff Football (head and spinal cord injuries, fractures, internal injuries, etc.) and hereby release the St. Tammany Parish School System and Slidell High School, not limited to, its coaches, officials, licensed/certified athletic trainers, student athletic trainers, administrators attending physicians, and all others connected with school athletic activities from any and all damages for injuries sustained by the below signed while participating in the Powder Puff Football Game. I understand that I am financially responsible for any and all expenses incurred as a result of any injury suffered while participating in this event. Because of liability concerns, we require a parent/guardian signature regardless of age of the student participating.

Printed Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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Printed Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_