



**PARENTAL AUTHORIZATION AND WAIVER OF LIABILITY
(Participation in Heads Up Football® Program)**

My child, who attends _____ High School (“School”), wishes to participate in the school football program at School. The School is participating in the Heads Up Football® program, a coach education program created by USA Football, Inc. and operated by Heads Up Football, LLC, that instructs coaches in the following through a combination of online and in-person instruction:

1. **Concussion education** – how to identify and respond to symptoms of concussions.
2. **Heat and hydration education** – how to prevent, recognize and treat heat stroke.
3. **Cardiac arrest** –how to respond to suspected sudden cardiac arrest.
4. **Equipment fitting** – how to fit equipment and check the fit of equipment throughout the season.
5. **Heads Up Tackling®** and **Heads Up BlockingSM** - tackling and blocking methods that focus on the fundamentals through a series of drills to reinforce proper mechanics and teach players how to reduce helmet contacts.

I understand that although safety is highly emphasized, participation in Heads Up Football activities at the School will expose my child to the risk of serious injury (including even concussions, paralysis and death). Students who participate do so at their own risk.

In consideration for the benefits of being part of a Heads Up Football program, I agree to the following conditions:

- Participation in the football program involves risk and my child and I accept that risk and release USA Football and Heads Up Football LLC from any claims of liability;
- Participation in the football program is completely voluntary;
- All team rules and the instructions of the coaches and athletic trainers are to be followed at all times.

_____	_____
Date	Parent/Guardian Signature
_____	_____
Student Printed Name	Parent/Guardian Printed Name