



HAWKS NATION FOOTBALL, LLC

Consent and Release from Liability Certificate

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

Part 1: Student Acknowledgement and Release

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics with Hawks Nation Football, LLC, with full understanding of the risks involved.

I hereby release and hold harmless **Hawks Nation Football, LLC**, its **Founders, Coaches, Staff**, and the owners of facilities where competition or practice is held, from any and all responsibility and liability for any injury or claim resulting from such athletic participation. I agree to take no legal action because of any accident or mishap involving my athletic participation.

Part 2: Parent/Guardian Consent and Medical Authorization

I hereby give consent for my child/ward to participate in Hawks Nation Football activities. I acknowledge that my child/ward knows of the risks involved and that serious injury, and even death, is possible. With full understanding of these risks, I release and hold harmless **Hawks Nation Football, LLC**, its **Founders, Coaches**, and **Staff**.

As required in **F.S. 1014.06(1)**, I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in **F.S. 456.001**, should the need arise for such treatment while my child/ward is under the supervision of the organization.

Part 3: Insurance Information

Please complete the following (A copy of the front and back of the insurance card must be attached to this form):

My child/ward is covered under a health insurance plan.

- **Insurance Company:** _____
- **Group ID:** _____
- **Policy #:** _____
- **Insurance Company Contact #:** _____

I do not have insurance for my child/ward and assume all financial responsibility for any medical care provided.



Part 4: Awareness of Specialized Risks

I acknowledge that I have been informed of the following risks as outlined by Florida athletic standards:

- **Concussions:** I am aware of the danger of concussions and head/neck injuries. I understand that an athlete suspected of suffering a concussion must be removed from play immediately and cannot return without written medical clearance from a licensed physician.
- **Sudden Cardiac Arrest (SCA):** I understand that SCA is a leading cause of sports-related death and occurs when the heart suddenly stops beating.
- **Heat-Related Illness:** I am aware that high body temperatures can damage vital organs and that exertional heat stroke is a medical emergency.

Part 5: Team Travel Liability Release

I understand that participation in the 2026 regional circuit requires travel to various locations.

1. **Transport:** I acknowledge that transportation may be provided by parents, coaches, or independent contractors. I release **Hawks Nation Football, LLC**, its founders, and coaches from any liability involving vehicle accidents, property damage, or personal injury occurring during transit to or from events.
2. **Conduct during Travel:** I understand the organization is not responsible for the behavior or safety of athletes during "down-time" at hotels or non-competition venues.

Part 6: Media Rights and Litigation Venue

I grant **Hawks Nation Football, LLC** the right to photograph and/or videotape my child/ward and to use their name, face, and likeness in connection with exhibitions, publicity, and promotional materials without limitation. In the event of litigation, I agree that such action shall be filed in the **Alachua County, Florida, Circuit Court**.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Student (Printed): _____

Signature of Student: _____ **Date:** _____

Name of Parent/Guardian (Printed): _____

Signature of Parent/Guardian: _____ **Date:** _____