Boomtown Showdown Player Waiver and Release of Liability

Event: Boomtown Showdown Tackle Football Tournament
Presented by: TNT Football
Dates: October 18–19, 2025
Location: Sioux City, Iowa

Participant Information

Player Name: _____

Team Name: _____

Grade Division: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of my child's participation in the 2025 Boomtown Showdown Tackle Football Tournament (the "Event"), I, the undersigned parent or legal guardian of the above-named participant, agree as follows:

1. **Assumption of Risk**
   I understand that participation in tackle football involves inherent risks, including but not limited to serious injury, concussion, paralysis, and death. I voluntarily assume all risks, known and unknown, associated with my child's participation in this Event.
2. **Release and Waiver**
   I, on behalf of myself, my child, and our heirs, assigns, and personal representatives, release, discharge, and hold harmless **TNT Football**, its directors, officers, staff, volunteers, host facilities, sponsors, and the **City of Sioux City, Iowa**, from any and all claims, demands, actions, or causes of action arising out of or related to any injury, illness, damage, or loss sustained by my child or our property during or related to participation in the Event, whether caused by negligence or otherwise.
3. **Medical Authorization**
   I give permission for Event staff, coaches, or volunteers to seek emergency medical care for my child if necessary. I understand that I am responsible for all costs associated with such medical treatment.

4. **Insurance Responsibility**
   I understand that **TNT Football** and the **Boomtown Showdown** do not provide medical or accident insurance for participants. I agree to provide such coverage for my child.
5. **Code of Conduct**
   I agree that my child and I will abide by all tournament rules, facility regulations, and conduct expectations set by TNT Football. Failure to do so may result in removal from the Event without refund.
6. **Media Release (Optional)**
   I grant permission for TNT Football to use photographs, video, or other likenesses of my child for promotional or event purposes without compensation.
   ☐ **Yes** ☐ **No**
7. **Acknowledgment**
   I have read and fully understand this waiver and release of liability. I am aware that by signing this document, I am waiving substantial legal rights, including the right to sue. I sign this voluntarily and of my own free will.

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: _____

Emergency Contact Information

Name: _____

Relationship to Player: _____

Phone: _____