2026 VERMONT NORTH-SOUTH ALL STAR CLASSIC



VT Chapter-National Football Foundation & College Football Hall of Fame, Inc.

Practices: Sunday Nov 15 from noon - 4pm (this practice is EXTREMELY IMPORTANT),
Tues Nov 17 from 4:30 - 7:30pm, Thurs Nov 19 4:30 - 7:30, Sat Nov 21 noon - 4:00 if needed

Game Day: Sunday, November 22, 2026

PARENT/PARTICIPANT RELEASE FORM & WAIVER OF LIABILITY □

NAME of VT SENIOR BOWL PARTICPANT: _____

NAME(s) of PARENT(s) / LEGAL GUARDIAN: _____

❖❖❖❖❖❖

PARENT / LEGAL GUARDIAN: Please read AND sign the following VT North-South All Star Classic Medical Treatment Authorization & Waiver of Liability Release Form. THIS CONTRACT IS IMPORTANT! **Please remember that your son cannot participate in the Vermont North-South All Star Classic without a signed Medical Treatment Authorization & Waiver of Liability in the possession of our VT Chapter management.**

My son has had a physical exam within the last two years
and is judged to be physically fit to participate in the
VERMONT High School NORTH-SOUTH All Star Classic FOOTBALL

I authorize the practice and game day athletic trainer(s) to act on my behalf according to their best judgment (including immediate medical attention and/or transportation to an area medical facility) in the event that of any emergency and I cannot be contacted. I also authorize area hospital medical personnel to act on my behalf in the event of any emergency requiring transport to a medical facility and I cannot be contacted.

I understand that participation in the sport of football carries inherent risk of physical injury and even death. I furthermore agree to absolve the Vermont Chapter of National Football Foundation & College Football Hall of Fame, it's Vermont Chapter and its volunteers and other officials, employees, independent contractors, and game or practice site hosts as well as any sending high school and all support staff of any and all liability resulting from injury, catastrophe, death or other distress incurred while participating in practices and/or the game itself, including travel to and from said game and practices and host sites.

I further acknowledge that participation in practices and the game, including travel, is <u>NOT</u> a school activity and individual schools shall be held harmless for any occurrence related thereto.

_____ _____ _____

Parent/Guardian Name (Print or Type) Signature of Parent/Guardian Date