

# Spring Football League

## 2026 Spring Football

### MEDICAL CLEARANCE FORM

Medical Clearance Form - **Must be dated NOT EARLIER THAN 1/01/2026**

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE Recognizing the possibility of serious injury, illness or death, and in consideration for USFL United Spring Football League and its members accepting my child as a participant in its official programs, I consent to my child participating in USFL tackle football. Further, I hereby release, discharge, and otherwise indemnify USFL, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of participating in the USFL programs. My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the programs. I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

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

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

### IMAGE RELEASE FORM - ADULT

In consideration of (insert name) \_\_\_\_\_, my, being allowed to participate in any way in/with the organizations named above, related events and activities, I do hereby my signature below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself which I may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: This form as with any and all forms used should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.*