



## Waiver and Release of Liability, Medical Treatment Authorization and Consent

ASSOCIATION NAME: NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM and NEW YORK CITY YOUTH FOOTBALL LEAGUE

IN CONSIDERATION OF the risk of injury that exists while participation in Youth Tackle Football

(hereinafter the "Activity"): and IN CONSIDERATION OF participation in Activity I, (Parent/Guardian /

PRINT NAME) \_\_\_\_\_ confirm

(Players Name /PRINT NAME) \_\_\_\_\_, my child/ward, is allowed to participate in **ANY WAY** in NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM and NEW YORK CITY YOUTH FOOTBALL LEAGUE athletic sports program, related events and activities, related transportation and **NYCYF League** events.

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation;

\_\_\_\_\_ (Initial here)

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately;

\_\_\_\_\_ (Initial here)



I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM** and **NEW YORK CITY YOUTH FOOTBALL LEAGUE**; its directors, officers, officials, referees, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct of any event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_\_ (Initial here)

In case of a medical emergency, I (Parent/Guardian / PRINT NAME)

\_\_\_\_\_ born (DOB)\_\_\_\_\_ hereby

give permission to **NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT**

**EDUCATION PROGRAM** and Volunteers to order treatment for my child,

(Name of Child/ PRINT NAME) \_\_\_\_\_,

DOB \_\_\_\_\_ including any necessary medical treatment and x-rays. I also hereby give permission to **NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM** and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

**NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM** and **NEW YORK CITY YOUTH FOOTBALL LEAGUE** does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. **NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM** and **NEW YORK CITY YOUTH FOOTBALL LEAGUE** also does not provide any medical or other insurance protection.

\_\_\_\_\_ (Initial here)

**NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM**



I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

\_\_\_\_\_ (Initial here)

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND MEDICAL TREATMENT AGREEMENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE OF ALL ITS AFFILIATES, MANAGERS, MEMBER, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVE, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE VOLUNTARILY GIVE UP OR WAIVE ANY RIGHTS THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION NEW YORK CITY NYC LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM and NEW YORK CITY YOUTH FOOTBALL LEAGUE FOR PERSONAL INJURY OR PROPERTY DAMAGE. I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child/Ward (Print Name): \_\_\_\_\_

Name of Parent/Guardian (Print Name): \_\_\_\_\_

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

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

**UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in **NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE RUN TO DAYLIGHT EDUCATION PROGRAM** and **NEW YORK CITY YOUTH FOOTBALL LEAGUE** sports program, related events and activities, related transportation and my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward (Print Name): \_\_\_\_\_

Signature of Child/Ward: \_\_\_\_\_

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