

The New York City Youth Football League

Waiver and Release of Liability Form - 2023 Season

READ BEFORE SIGNING

Form Must be Notarized by Notary Public

N CONSIDERATION OF	, my child/ward, being allowed to participate in the New York Youth Football
eague	, the Local Organization, which is a legally distinct and organization
not operated or controlled by New York City	$Youth\ Football\ League,\ despite\ its\ membership\ with\ New\ York\ City\ Youth\ Football\ League,\ the$
undersigned acknowledges and agrees that:	
The risks of injury and illness (ex: communication)	able diseases such as MRSA, influenza, and COVID-19) to my child from the
	nificant, including the potential for permanent disability and death, and while
	scipline may reduce these risks, the risks of serious injury and illness do exist; and,
	VINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown,
	THE RELEASES or others, and assume full responsibility for my child's
participation; and,	and the body and a continuous to the same and any distinuous for a positivity stime. If I who are a
0.0 .,	es stated and customary terms and conditions for participation. If I observe readiness for participation and/or in the program itself, I will remove my
	ttention of the nearest official immediately; and,
, ,	alf of my/our heirs, assigns, personal representatives and next of kin, HEREBY
	ty Youth Football League.; its directors, officers, officials, agents, employees,
	gencies, sponsors, advertisers, and if applicable, owners and lessors of
oremises used to conduct the event ("Releas	sees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY,
	erty incident to my child's involvement or participation in this League,
NHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.	
	behalf of my/our heirs, assigns, personal representatives and next of kin,
	Ill the above Releasees from any and all liabilities incident to my
	e, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent
permitted by law.	explained to my child/ward: the risks of the activity, his/her responsibilities
	d that my child/ward understands this agreement.
	D ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS,
	ANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY
NITHOUT ANY INDUCEMENT.	, and the second se
JNDERSTANDING OF RISK	
understand the seriousness of the risks invo	olved in participating in this program, my personal responsibilities
or adhering to rules and regulation, and acc	ept them as a participant.
Print Name of Participant:	Date Signed:
County of)	
On the day of, 20 perfore me came proven o me to be the individual described above and who executed the foregoing instrument and acknowledged thathe	
Parent Signature	Notary Public

IN CONSIDERATION OF_