2027 Spring Football League

YOUTH ATHLETIC WAIVER & RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT - ADULT

In consideration of being allowed to participate in any way in the Spring Football League and/or my Local Spring Football League Affiliate(s), athletic sports program(s), Full Contact Tackle Football, Cheerleading, Dance, Step, Local, Regional, or related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis, and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I, BY MY SIGNATURE BELOW DO, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participant; and,
3. I, by my signature below do willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, and/or in the program(s) itself, I will remove my child from participating and bring such to the attention of the nearest Spring Football League official immediately; and,
4. I, for myself and on behalf of my heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Spring Football League OR Spring Football League Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. My child has received a physical examination from a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football and/or cheerleading & dance. 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.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent/Guardian: _____ Date: _____