

## AMERICAN YOUTH FOOTBALL

## Waiver and Release of Liability - Minor



to

ASSOCIATION NAME - \_\_\_\_\_

## **READ BEFORE SIGNING**

IN CONSIDERATION OF	, my child/ward, being allowed to participate in
	th Cheer Regional/National Championships, and or the football and or
cheer programs of	, the Local
	organization not operated or controlled by American Youth Football, Football, Inc. the undersigned acknowledges and agrees that:
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	from the activities involved in these programs is significant, including the and death, and while particular rules, equipment, and personal discipline y does exist; and,
	RD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume it; and,
observe any unusual significant concern in r	d customary terms and conditions for participation. If, however, I my child/wards', readiness or, hazard during my presence or vill remove my, child/ward, from participation and bring such to the and,
kin, HEREBY RELEASE, INDEMNIFY, AND organization, their respective officers, direct sponsoring agencies, tournament host, spor conduct the event ( RELEASEES ), WITH R damage to person or property, incident to m	on behalf of my/our heirs, assigns, personal representatives and next of HOLD HARMLESS American Youth Football, Inc.(AYF), the local ors, officials, volunteers, agents, and/or employees, other participants, nsors, advertisers, and if applicable, owners and lessors of premises used RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or y child/wards', involvement or participation in these programs, WHETHER HE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT
kin, HEREBY INDEMNIFY AND HOLD HAR	on behalf of my/our heirs, assigns, personal representatives and next of MLESS all the above Releasees from any and all liabilities incident to my hese programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the
UNDERSTAND ITS TERMS, UNDERST	ILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY D VOLUNTARILY WITHOUT ANY INDUCEMENT.
Print Name of Parent/Guardian:	
Parent/Guardian Signature:	Date Signed:
UNDERSTANDING OF RISK	
I understand the seriousness of the risks invented adhering to rules and regulation, and accept	olved in participating in this program, my personal responsibilities for them as a participant.
Print Participant s Name:	
Participant's Signature:	Date Signed:

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel 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 injur