***SACRAMENTO YOUTH FOOTBALL***

**PREPARTICIPATION PHYSICAL WAIVER & RELEASE OF LIABILITY**

**(YOU MUST READ AND UNDERSTAND ENTIRELY BEFORE SIGNING)**

In consideration of voluntary participation in the **SACRAMENTO YOUTH FOOTBALL (SYF)** league (its member team’s -- football and cheer programs), related practices and events, and the many benefits received in this conditional privilege, the undersigned agrees, understands, appreciates, and covenants as follows.

I UNDERSTAND, CONSENT, and AGREEthat the pre-participation sports physical examination provided to my child in order for him or her to participate as a player (football or cheer) for a team who is a member of SYF is limited, in nature and scope, with respect to the detection of identifiable sports risk factors in part based upon a lack of directed history and complete physician examination by a physician (which would likely cost a great deal more than what we paid for the physical done in connection with our current registration in SYF which was not performed by a medical physician).

**I/WE UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY FOR THE ABOVE MENTIONED LIMITED SPORTS PHYSICAL EXAMINATION OF MY/OUR CHILD AND WAIVE ANY AND ALL RIGHTS WE MIGHT HAVE AS A RESULT OF THE LIMITED SPORTS PHYSICAL EXAMINATION .**  I/We assume these risks due to the many significant benefits associated with voluntary participation in SYF and the costs associated with sports physical examinations.

I/We, for myself, and on behalf of my minor child, my spouse, executors, heirs, representatives, and next of kin, **HEREBY RELEASE, AND SHALL HOLD HARMLESS AND INDEMNIFY SYF**, its commissioner, vice-commissioners, game site hosts, all teams, officers, board members, agents, volunteers, coaches, officials, medical personnel, sponsors, advertisers, attorneys, owners/lessors of property(“Releasees”) **FROM ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES** from any and all claims, liabilities, damages, and expenses (including attorney’s fees) in any proceeding to enforce or defend this Pre-participation Physical Waiver and Release (venue Sacramento, California). If any portion of this form is found by a court to be invalid or stricken the remaining provisions shall be given full force and effect.

Name of Minor Child (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Coach Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev. 08/15/2019)

***SACRAMENTO YOUTH FOOTBALL***

# AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

# (YOU MUST READ AND UNDERSTAND ENTIRELY BEFORE SIGNING)

In consideration of participation in the **SACRAMENTO YOUTH FOOTBALL (ASYF@)** league (its member team’s football and cheer programs), related practices and events, and the many benefits received in this conditional privilege, the undersigned agrees, understands, appreciates, and covenants as follows.

**I UNDERSTAND AND AGREE** that the risk of injury from the activities involved in SYF are significant due their physicality, aggressive nature, including but not limited to the potential and risk of the following: (1) falls, sprains, ligament damage, broken bones, paralysis, neck/spine and back injury, and even sudden death; (2) intentional and unintentional contact with other players or coaches; (3) injuries associated with extreme heat, humidity, cold and other uncertain weather conditions inherent in a game played outdoors; (4) concussions and head and brain injures (I have read the Concussion Information Sheet and the Concussion Management and Return to Play Protocol sheet-both available on the SYF website, understanding that the science, factors, and symptoms of concussions remains uncertain and changing). **I FURTHER UNDERSTAND AND AGREE** that while particular rules, training of all concerned, properly fitted and certified helmets and equipment may reduce these risks, the risk of serious injuries still does exist. The uncertainty and risks of injury are great since SYF football and cheer programs are operated by many volunteers and untrained persons with limited resources and training. **I UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY.** I assume these risks due to the many significant benefits associated with participation in SYF including but not limited to life lessons/skills, discipline, accountability, skill development, team and friendship building, confidence, and a strong work ethic.

**I FURTHER UNDERSTAND AND AGREE** that my child will be ineligible for the first two games of the season if transferring from one youth program to another, unless approved by SYF commissioner or meets related high school transfer eligibility rules. I AGREE to comply with all stated, customary terms, and conditions for participation by SYF and its teams. I consent, for no compensation, to the use of my (or my child=s) name, image, or likeness in any video, advertising, promotion, or review by SYF and its member teams.

I, for myself, and on behalf of my minor child, my spouse, executors, heirs, representatives, and next of kin,

**HEREBY RELEASE, AND SHALL HOLD HARMLESS AND INDEMNIFY** SYF, its commissioner, vice-

commissioners, game site hosts, all teams, officers, board members, agents, volunteers, coaches, officials, medical personnel, sponsors, advertisers, attorneys, owners/lessors of property (herein A**RELEASEES@**), **FOR ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES, OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES** from any and all claims, liabilities, damages, and expenses (including attorney’s fees) in any proceeding to enforce or defend this Waiver and Release (venue Sacramento, California). If any portion of this form is found by a court to be invalid or stricken the remaining provisions shall be given full force and effect.

# I HAVE READ COMPLETELY AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND THE RISKS AND ABOVE TERMS. I UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS AND LEGAL RIGHTS BY SIGNING IT; I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR UNDUE INFLUENCE.

Name of Minor/Coach (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Coach Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev. 01/2020)