NYSSO FOOTBALL WAIER/RELEASE OF LIABILITY & OFFICIAL FOOTBALL TEAM ROSTER

NAME OF TEAM: _____COACHES NAME: _____

CITY:_____STATE: _____ ZIP CODE :_____

TOURNAMENT NAME : _____TOURNAMENT DATE:_____

GRADE GROUP – CHECK ONE: ____2nd ___ 3RD ____4TH ____ 5TH ____ 6TH ____ 7TH ____ 8TH

READ BEFORE SIGNING

THIS FORM HAS TO BE TURNED IN BEFORE YOUR TEAM CAN PLAY IN ANY TOURNAMENT GAMES.NO EXCEPTIONS

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE NYSSO ATHLETICS/SPORTS PROGRAM RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES THAT:

1. **THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THE PROGRAM IS SIGNIFICANT INCLUDING THE POTENTIAL FOR**

PERMANENT PARALYSIS AND DEATH AND WHILE PARTICULAR RULES, EQUIPMENT AND PERSONAL DISCIPLINE MAY REDUCE THE RISK THE RISK OF SERIOUS INJURY DOES EXIST AND

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME ALL FULL RESPONSIBILITY FOR MY PARTICIPATION AND,**
3. **I WILLINGLY AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. IF HOWEVER I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING ANY PRESENCE OR PARTICIPATIN I WILL REMOVE MYSELF AND BRING SUCH TO THE ATTENTIN OF THE NEAREST OFFICIAL IMMEDIATELY, AND**
4. **I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND**

HOLD HARMLESS THE NATIONAL YOUTH SPORTS SANCTIONING ORGANIZATION, THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS AND IF APPLICABLE, OWNER 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. I GIVE NYSSO PERMISSION TO USE ALL PICTURES TAKEN TO BE USED ON WEBSITE.
I HAVE READ THIS RELEASE OR 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.

PARENTS/GUARIANS SIGNATURE SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. BY SIGNING THIS ROSTER, PARENT OR LEGAL GUARDIAN AGREES TO THE ABOVE STATEMENTS AND VERIFIES THAT THE DATE OF BIRTH IS CORRECT. PARENT OR LEGAL GUARDIAN OF EACH YOUTH PLAYER MUST SIGN BELOW.
FOR PARTICIPANTS OF MINORITY AGE. THIS IS TO CERTIFY THAT I AS PARENT/LEGAL GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE ALL THE RELEASEES AND FOR MYSELF MY HEIRS AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT IN THESE PROGRAMS AS PROVIDED ABOVE EVEN IF ARISING FROM THEIR NEGLIGENCE.

***ALL PLAYERS WILL NEED TO HAVE PROOF OF AGE AND GRADE BEFORE THEY ARE ALLOWED TO PLAY IN ANY NYSSO TOURNAMENTS. NO EXCEPTIONS WILL BE ALLOWED!**

WEIGHT NYSSO use only.	JERSEY #	PLAYER NAME (please print)	DOB	PLAYERS SIGNATURE	PARENT/GUARDIAN SIGNATURE