



**SOUTH FLORIDA SPORTS LEAGUE INC.
WAIVER AND RELEASE OF LIABILITY**

I, (PRINT YOUR NAME) _____, as a condition to playing and/or participating in the sports programming provided by the South Florida Sports League (SFSL), do hereby agree to the following:

- 1) I acknowledge and agree that prior to my participation in the SFSL programming I know and understand the scope, nature and extent of the risks involved and inherent in playing **[ALL ATHLETIC ACTIVITIES AND/OR EVENTS]**, and the types of related activities associated therewith. I acknowledge and fully understand that all activities provided by SFSL involve a significant risk of injury, some of which may be severe and which may result from my own actions, the actions of others, or the condition of the location whereupon the activities take place. I also acknowledge that there may be other unknown or reasonably unforeseen risks at this time.
- 2) I expressly and voluntarily assume all risk of personal injury or damage to or loss of my property while participating in activities provided by or managed by SFSL, including the acts of any other party. I accept personal responsibility for the same.
- 3) I agree to abide by all rules and regulations set forth by SFSL at all times.
- 4) I hereby release, indemnify and hold harmless South Florida Sports League, Inc., its owners, operators, employee, agents, and the city and/or agency that SFSL has a permit with for field usage from any and all liabilities, actions, causes of action, rights, claims, demands, damages, costs, loss of earnings or earning capacity, expenses, and compensation, on account of or in any way arising out of, any and all injuries, damages or losses, whether known or unknown, foreseen or unforeseen, which are sustained from participation in activities provided by or managed by SFSL.
- 5) I further represent that I (or my parent or guardian) have the legal capacity to enter into this Agreement and that I have no physical infirmity or chronic injury or ailment of any nature that would hinder my ability to participate in activities provided by or managed by SFSL.
- 6) I am either 18 years of age or older, or

I am under the years of age, and this Waiver is being signed by my parent(s) or guardian, who shall sign this Waiver on my behalf.
- 7) I and or my parent/guardian have read this Agreement and understand that its terms and conditions reaffirm my voluntary assumption of the risk of injury or my participation in activities provided by or managed by the SFSL.

EMERGENCY INFORMATION CONTACT:

Must be completed by the parent(s) or guardian, of the participants name listed above and below. (No one will be allowed to participate in any of SFSL programs and/or events without this form.)

Mother or Guardian Name:	Home Phone :
Work Phone :	Cell Phone :
Father or Guardian Name:	Home Phone :
Work Phone :	Cell Phone :

Insurance Company Name:	Policy No#:
Please list all Medical Conditions / Allergies	4)
1)	5)
2)	6)
3)	7)

I hereby give permission to the physician selected by the SFSL to order-x-rays, routine tests and treatment for the health of my child and in the event I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. My personal insurance bears primary responsibility in case of an accident. I give my permission for the above named child to participate in activities and field trips and to use SFSL owned or contracted transportation.

I release the SFSL, its volunteers, agents, employees, officers, of all liabilities arising as a result of this program. I also understand that the SFSL is a not-for-profit organization offering low cost programs or programs not otherwise available. In return, I individually, and as legal guardian of child, release and agree to hold harmless the SFSL, the City and/or Government agency that SFSL has a permit with for field usage, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the SFSL and/or those individuals arising from or related in any way to this YFFL program. I am aware that the SFSL only carries a secondary health insurance and my insurance bears primary responsibility.

I have read and do understand this release.

By signing below, I am asserting that the above is accurate and I have read your policies and information regarding refunds, financial aid, volunteers, sports information, age cut-off, dates (parents notification, practice and games), sponsorships, fees, and possible practice sites. I also give permission to take my pictures and/or of my child for publication and promotion purposes.

Acknowledged:

DATE: ____/____/____

(Participant: Print Name)

(Participant: Signature)

(Parent/Guardian: Print Name)

(Parent/Guardian: Signature)

(No one will be allowed to participate in any of SFSL programs and/or events without this form.)
Please attach a copy of your Driver's License. If you are under the age of 18 and a parent or guardian is signing, please have the Parent/Guardian provide a copy of their Driver's License.