



NYC AMERICAN YOUTH FOOTBALL LEAGUE

Waiver and Release of Liability – Youth Football Tackle & Contact Teams and Programs

Association Name: NYC American Youth Football League – NYC Lions Youth Football Run to Daylight Education Program

IN CONSIDERATION OF the risk of injury that exists while participation in Youth Tackle Football (hereinafter the "Activity"); and IN CONSIDERATION OF participation in the NYC American Youth Football League,

I, (Head Coach, First Last Name / PRINT) _____

confirm all Players on my Team Roster/all certified with the NYCAYF League

(Team & League /PRINT NAME) _____

are allowed to participate in ANY WAY in my Team and in the NYC American Youth Football League athletic sports program, related events and activities, related transportation and League events.

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my Team/program players from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

FOR MYSELF, ALL ACTIVE COACHES, PLAYERS, 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 full responsibility for my players participation.

_____ (Initial here)

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my players, coaches, readiness or, hazard during our presence or participation, and/or in the program itself, I will remove the player/coach from participation and bring such to the attention of the nearest official immediately.

_____ (Initial here)

I MYSELF, ALL ACTIVE COACHES, PLAYERS, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the NEW YORK CITY YOUTH FOOTBALL LEAGUE, NYC Lions Youth Football Run to Daylight Education Program; its directors, officers, officials, referees, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct of any event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my players/coaches involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

_____ (Initial here)

I, Head Coach of the above-mentioned Team, assert that I have explained to all my players/coaches the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that players/coaches understands this agreement.

_____ (Initial here)



NYC AMERICAN YOUTH FOOTBALL LEAGUE

PART OF NEW YORK CITY LIONS' YOUTH FOOTBALL RUN TO DAYLIGHT EDUCATION PROGRAM

Commissioner: Timothy Cavanaugh commissioner@nycayfl.com | Secretary: Armando Martinez secretary@nycayfl.com | Backoffice: Susanne Kornfeil/WORX backoffice@nycayfl.com



NYC AMERICAN YOUTH FOOTBALL LEAGUE

I, HEAD COACH, FOR MY SELF, MY COACHES, AND PLAYERS, HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE OF ALL ITS AFFILIATES, MANAGERS, MEMBER, REFEREES, VOLUNTEERS, AGENTS, ATTORNEYS, HEIRS, REPRESENTATIVE, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE VOLUNTARLY GIVE UP OR WAIVE ANY RIGHTS THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION NEW YORK CITY AMERICAN YOUTH FOOTBALL LEAGUE - NEW YORK CITY NYC LIONS YOUTH FOOTBALL RUN TO DAYLIGHT EDUCATION PROGRAM FOR PERSONAL INJURY, PLAYERS INJURY, COACHES INJURY, PROPERTY DAMAGE. I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Head Coach First Last Name (PRINT)

Head Coach DOB _____, Head Coach Phone # _____ Head Coach Email _____

for the Team/Program (Team/Program Name & League/Print)

Head Coach Signature / Team Stamp (if you have one)

Date signed

I, Head Coach First Last Name (PRINT) _____

also confirm I have taken out a liability insurance for my team, I'm the legal certificate holder and sent it to the NYCAYFL (NYCAYFL must have it on file).

(Team & League /PRINT NAME) _____

Head Coach Signature / Team Stamp (if you have one)

Date signed



NYC AMERICAN YOUTH FOOTBALL LEAGUE

PART OF NEW YORK CITY LIONS' YOUTH FOOTBALL RUN TO DAYLIGHT EDUCATION PROGRAM

Commissioner: Timothy Cavanaugh commissioner@nycayfl.com | Secretary: Armando Martinez secretary@nycayfl.com | Backoffice: Susanne Kornfeil/WORX backoffice@nycayfl.com