## **2020 Field of Dreams Team Waiver**

Head Coach: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_

## THIS FORM HAS TO BE TURNED IN BEFORE YOUR TEAM CAN PLAY IN ANY LEAGUE 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

 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,
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, ALL COACHES, AND 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.

NEGLIGENCE. "As a Parent/ Visitor to this facility I have considered the risks involved with COVID -19, and by entering this facility, I hereby release, hold harmless and waive all claims against the Field of Dreams Sports Complex( City of Basehor), NYSSO, All Coaches and all employees and umpires.

PLAYER NAME (please print)	PARENT/GUARDIAN SIGNATURE	Date

PLAYER NAME (please print)	PARENT/GUARDIAN SIGNATURE	Date