



RELEASE OF LIABILITY READ CAREFULLY  
THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Tackle Football organized by ESYFL Inc. ("ESYFL Inc."), of Jacksonville, Florida, and/or use of the property, facilities and services of ESYFL Inc., I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by ESYFL Inc., or the employees, representatives or agents of ESYFL Inc.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to \_\_\_\_\_ (PARTICIPANT'S NAME) and (if applicable) my family members, and further release and discharge ESYFL Inc. for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of ESYFL Inc., whether caused by the fault of myself, my family, ESYFL Inc. or other third parties.
3. I agree to indemnify and defend ESYFL Inc. against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of ESYFL Inc..
4. I agree to pay for all damages to the facilities of ESYFL Inc. caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my son/daughter, \_\_\_\_\_ (participants name) in the ESYFL Inc. Tackle Football activities, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of \_\_\_\_\_ (participants name).
6. In the event of an injury to the above minor during the above-described activities, I give my permission to ESYFL Inc. or to the employees, representatives or agents of ESYFL Inc. to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on February 15<sup>TH</sup> OF THE CURRENT YEAR and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. ESYFL Inc. shall have the following powers:
  - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

b. The power to authorize medical treatment or medical procedures in an emergency situation;  
and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Florida law. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

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

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