



**NATIONAL PUBLIC SAFETY FOOTBALL TEAM
AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY *Read
before Signing***

In consideration of being allowed to participate in any way in the (team name) _____ and the **National Public Safety Football League, Inc.** athletic program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this 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 RELEASES or others, and assume 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 my presence or participation, I will remove myself from participation and bring such to the attention 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 _____ and the **National Public Safety Football League, Inc.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of the premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to the person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
5. I willingly agree to comply with the NPSFL rules on Social Media conduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participants Name - Print)

Date Signed

(Participants Name – Signature)

(Witness)