New England/New Hampshire Rebellion
Women's Tackle Football
Waiver and Release of Liability
READ CAREFULLY BEFORE SIGNING

In exchange for being allowed to participate in the New England/New Hampshire Rebellion Women's Football program and all related activities and events, I acknowledge and agree to the following:

1. ACKNOWLEDGMENT OF RISKS

I understand that participating in tackle football involves significant risks of injury and illness, including but not limited to communicable diseases (such as MRSA, influenza, and COVID-19), sprains, fractures, concussions, and more serious injuries including permanent disability or death. While proper equipment, training, rules, and personal discipline can reduce these risks, I understand that the risk of serious injury or illness cannot be eliminated.

2. VOLUNTARY ASSUMPTION OF RISK

I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS associated with participation in this program, both known and unknown, EVEN IF THOSE RISKS ARISE FROM THE NEGLIGENCE OF THE TEAM OR OTHERS. I am fully aware of the potential dangers and I take full responsibility for my participation.

3. SAFETY COMPLIANCE

I agree to follow all stated and customary rules and conditions for participation. If I observe any unusual or significant hazard during my participation, I will immediately remove myself from the activity and report the hazard to the nearest coach or team official.

4. RELEASE AND HOLD HARMLESS

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, WAIVE, AND HOLD HARMLESS the New England/New Hampshire Rebellion Women's Football, the American Women's Football League (AWFL), and their respective officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers, and owners and lessors of premises used for activities (collectively, the "Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

5. MEDICAL TREATMENT AUTHORIZATION

I authorize the Team to arrange for emergency medical treatment if necessary. I understand that I am responsible for all costs associated with medical treatment and that the Team does not provide health insurance coverage for participants.

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

Participant Name (please print): _____

Participant Signature: _____

Date: _____

The Team will retain this signed waiver for at least 7 years, or longer if the participant has been involved in a serious injury.