



## PSF Organization Waiver and Liability Release Agreement

I, \_\_\_\_\_ (President/Coach) representing on behalf of \_\_\_\_\_ (Organization) wish to participate in the 2024 spring football and cheer season offered by Premier Spring Football League (PSF). As a precondition to participating in the activity, I have read the following Release Agreement (the “Agreement”) and agree to its terms.

**Assumption of Risk** I understand that participating in the activity entails inherent risks of physical injury, including, but not limited to, medical, financial, reputation, defamation, and lawsuits. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by my organization/ team (collectively board members, coaches, volunteers, parents, and participants) because of participating in the activity, unless caused by the gross negligence or willful misconduct of the PSF, its officers, or volunteers.

**Liability Release** In consideration for the PSF allowing me to participate in the activity, I agree I will not sue PSF and I release the PSF from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by my organization to any property belonging and/or used by the organization, arising from the activity or while upon the premises where the activity is being conducted. I agree to indemnify and hold harmless PSF from and against any loss, liability, damage, or costs, including court costs and attorneys’ fees, that PSF may incur arising from my involvement in the activity, excepting those claims arising from the gross negligence or willful misconduct of PSF.

**Warranty of Insurance Coverage** I warrant that all participants are physically fit and in a condition that will allow them to participate fully in the activity. I maintain medical insurance that covers participants or volunteers for accidents in this activity. I understand PSF has not made, nor will make, any investigation into participants physical fitness or ability to participate in the activity, and PSF is relying on required uploaded current physical document uploaded into League Magic from a licensed approved health professional to administer sports or health physicals. I assume full responsibility for payment of medical expenses not covered by their insurance incurred because of their participation in the activity. All insurance coverage should meet the requirement of an aggregate of at least one million or more, but it must cover per facility requirements should there be damage to property/facility and will release PSF from any damages done to the property/facility while in use by the organization.

**Concussion and hydration** I attest that every volunteer takes the Youth Sports Knowledge certification training to understand the importance of recognizing a concussion, when to remove the participant out of play, the next steps in the concussion protocol and gaining medical clearance from a concussed participant returning to the field of play. Per the training provided, me and my volunteers understand

proper hydration education as well as recognize a participant in distress due to heat exhaustion and/or dehydration. I understand it is my sole responsibility AS PRESIDENT/COACH to obtain any necessary paperwork clearing a participant before returning to the field of play. PSF does not own the responsibility, is not liable, and HOLDS HARMLESS of knowing when a participant has been injured or cleared to return to the field of play. I understand and agree that PSF assumes no responsibility for any injury, death or damage that might arise out of or in connection with such authorized emergency medical treatment.

**Organization Intent** It is my express intent AS PRESIDENT/COACH, this Agreement shall bind the members of my organization. I agree that any dispute, lawsuit, or claim arising from my organization's participation in the activity shall be construed in accordance with the rules set forth by PSF.

\_\_\_\_\_  
Print Name of President/Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the President/Coach

\_\_\_\_\_  
Date