

CONTRACT FOR VOLUNTARY PARTICIPATION IN SOUTH TEXAS AMATEUR FOOTBALL ASSUMPTION OF INJURY RISKS

There is a risk of injuries, both serious and minor, associated with participation in any South Texas Amateur Football Sports league. The risks may increase in activities involving physical contact, running, jumping or otherwise leaving one's feet, diving, sliding, or interaction with moving objects that are thrown or otherwise used in the sport. The risks include, but are not limited to: injury to the head, neck, or spine (including paralysis); injury to the muscular or skeletal systems; injury to internal or external organs; loss of or damage to sight, hearing, or teeth; death; long or short-term disability; loss of income, career opportunities, or the enjoyment of life; pain; and scarring or disfigurement.

IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL PARTICIPANT to know his or her own general state of health and well-being, and therefore to be able to certify knowledgeable that he or she is physically fit to participate in a South Texas Amateur Football Sports leagues.

IT IS ALSO THE RESPONSIBILITY OF EACH INDIVIDUAL PARTICIPANT to have health insurance coverage sufficient to provide for medical or dental services and/or equipment required to treat any injury, minor or catastrophic, sustained or incurred as a result of participating in South Texas Amateur Football Sports leagues, and to certify that such insurance coverage is held.

Therefore, AS A PRECONDITION TO BEING GRANTED PERMISSION TO PARTICIPATE IN ANY SOUTH TEXAS AMATEUR FOOTBALL SPORTS LEAGUE, EACH PARTICIPANT shall read the agreement set forth below in order to make an educated choice to participate or not participate. Your signature will signify your recognition of the possible health risks involved and your informed consent to them.

To that end, and before releasing South Texas Amateur Football Sports league from all actions, claims, or demands related to any injury you may sustain as a result of participating in its South Texas Amateur Football Sports league, please give serious consideration to the possible ramifications. You should understand that the causes of possible injury are many, but among them are: injury from bodily contact, incidental to or inherent in the nature of the sport; slipping, falling, or tripping on the playing surface, regardless of its physical or environmental conditions; injury from warming up, practicing, or training for game participation; injury due to supervision by South Texas Amateur Football Sports league employees, paid or unpaid, including referees or officials, or to rules, regulations, and instructions (or lack thereof) regarding the use of game equipment or tools or to the nature of the game itself, particularly in contact South Texas Amateur Football Sports league; or injury due to a disparity between and among other players or teams with respect to experience level, strength, height, weight, age, ability, and the relative competitiveness or maturity of, between, or among other participants.

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN THE EXPULSION OF BOTH THE INDIVIDUAL AND HIS/HER TEAM FROM SOUTH TEXAS AMATEUR FOOTBALL SPORTS LEAGUE.

AGREEMENT

I _____ have read the above ASSUMPTION OF INJURY RISKS IN SOUTH TEXAS AMATEUR FOOTBALL SPORTS LEAGUE and understand its contents. I acknowledge the risk of injury that may result from participation in South Texas Amateur Football Sports Leagues, and am willing to and hereby do voluntarily assume all risks of harm associated with my participation.

I certify that to the best of my knowledge, I am physically fit and able to participate in South Texas Amateur Football Sports League, that I am in good health, and that I am unaware of any medical condition, which might make my participation inadvisable. (initials) X _____

I am aware that participating in South Texas Amateur Football Sports League may expose me to a risk of injury, minor or serious, including those listed above in ASSUMPTION OF INJURY RISKS IN CLUB SPORTS. I accept and assume all risks, known or unknown, listed or unlisted, that may result from my voluntary participation in South Texas Amateur Football Sports Leagues or in activities related to such sports, regardless of the cause of the injury. (initials) X _____

I acknowledge my responsibility to acquire health insurance coverage sufficient to provide for all medical or dental services and/or equipment required to treat any injury, minor or catastrophic, related to my participation in South Texas Amateur Football Sports League, AND HEREBY CERTIFY that on the date noted below, I have such insurance coverage in effect. (initials) X _____

In consideration of South Texas Amateur Football Sports Leagues permitting me to participate in its Sports Leagues, I knowingly and intentionally give up any legal right that I, my heirs, or legal representatives have or may have against STAF and its trustees, officers, agents, employees, or insurers, from any action, claim, or demand that I, my heirs, or my legal representatives have or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault, on- or off-the field, as a result of my voluntary participation in South Texas Amateur Football Sports Leagues and/or in other activities related thereto. (initials) X _____

I knowingly intend my signature on this Agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily participating in South Texas Amateur Football Sports League or in activities related thereto, and further intend this Agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in South Texas Amateur Football Sports League. (initials) X _____

I certify that I am 18 years of age or older, that I am legally competent and capable of executing this Agreement on my own behalf, that I have read the foregoing and have made a conscious decision to sign it of my own free will.

DATE

SIGNATURE

SPORT

PRINTED NAME

EMAIL ADDRESS