

S.Y.S.C. – BROOKLYN SKYHAWKS FOOTBALL
Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

DIVISION:	VET: ()	NEW: ()
<p>The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and believed to spread mainly from person-to-person contact. Skyhawk Youth Sports Corp. (S.Y.S.C.) cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19. Please complete a separate waiver for each child for each sport of participation.</p>		
PLAYER'S NAME (First and Last):	PARENT/GUARDIAN NAME (First and Last):	
PARENT/GUARDIAN EMAIL:	PARENT/GUARDIAN PHONE NUMBER:	
<p>This waiver covers your participation in the 2025 S.Y.S.C. - Brooklyn Skyhawks Football.</p>		
<p>READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH</p>		
<p><input type="checkbox"/> [INITIALS] By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 through participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at S.Y.S.C. - activities and events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, S.Y.S.C. Board Members, volunteers, coaches, program participants and their families.</p>		
<p><input type="checkbox"/> [INITIALS] I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense), of any kind, that I may experience or incur in connection with my participation with S.Y.S.C. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless S.Y.S.C., its board members, volunteers, coaches, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of S.Y.S.C., its board members, volunteers, coaches, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at S.Y.S.C. - Brooklyn Skyhawks Football.</p>		
<p><input type="checkbox"/> [INITIALS] I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.</p>		
<p><input type="checkbox"/> [INITIALS] By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.</p>		
<p><input type="checkbox"/> [INITIALS] I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.</p>		
<p><input type="checkbox"/> [INITIALS] I will signed a separate general waiver of liability connected to my participation with S.Y.S.C. - Brooklyn Skyhawk Football during the registration process and I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.</p>		
PARENT/GUARDIAN SIGNATURE:	DATE:	