

# *New York Urban Professionals Volleyball League*

155 West 72nd Street • Suite 701 • New York, NY 10023  
Tel: (212) 877-3614 • Fax: (212) 721-2920

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in The New York Urban Professionals Athletic League, Inc. athletics/program, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach, supervisor or referee of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own action, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue The New York Urban Professionals Athletic League, Inc., its affiliated clubs, their respective administrators, directors, agents, coaches, referees and other employees of organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: office \_\_\_\_\_

home \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TEAM NAME \_\_\_\_\_

(COPY AND DISTRIBUTE THIS FORM TO ALL PLAYERS.  
THIS INJURY WAIVER IS REQUIRED TO USE OUR FACILITIES!)