



## USPL League - Waiver Form

### Acknowledgement of Risk:

I understand that participation in USPL league and tryouts includes the risk of bodily injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence.

My signature below indicates that I am aware of the risks of injury inherent in playing in leather ball cricket and participation and that such risks may include death or other serious permanent bodily injury.

I acknowledge that I am participating in these activities voluntarily. I understand my obligations as set forth in this document, and agree to meet these obligations as a condition of my participation in this USPL league and tryouts.

Sport: USPL Cricket T20 league Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_

Parent/Guardian Name and Signature (if Participant is under age 18): \_\_\_\_\_

\_\_\_\_\_

**Liability Waiver:** I verify that I am in good health and do not have a history of any injury or illness that could endanger my safety during my participation in USPL league. I further understand the inherent risk involved in participation in USPL league cricket activities may include death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to voluntarily assume full responsibility for the risks while participating in USPL league and matches. I hereby waive any and all liability, including negligence, medical claims, causes of action, and rights of entitlement, suits or damages against and release USPL league, cricket clubs of Westchester and its partners, USPL team owners and management team members or any of its employees, contracted agents or representatives, as a result of or in conjunction with USPL league participation. I further understand and acknowledge that USPL, cricket clubs of Westchester or its partners or BOD's are under no obligation to provide financial support for any such injury and that any bills for medical services required as a result of my participation in the tryout are the sole responsibility of my family and myself.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Name & Signature (if Participant is under age 18): \_\_\_\_\_

\_\_\_\_\_

By signing below, I affirm that:

collegiate athletics.

-I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in collegiate athletics.

-I have no history of syncope (fainting) or other medical problems related to participation in strenuous physical activity or exercise.

-I have not been advised by a physician not to participate in physical activity, exercise or sports due to a medical condition or previous bodily injury.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name & Signature (if Participant is under age 18):

\_\_\_\_\_