



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 includes 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:

-I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in 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): _____