



HOFAKC PLAYER WAIVER 2024 Player Event Waiver Form

All individual teams' waivers MUST be submitted at or before you play your first game in the event.

Player Name: _____

Coach & Team Name: _____

I, _____ being the parent/guardian of the player listed above. As lawful consideration for my child being permitted to participate in the 2022 HOFAKC National Championships, I agree that neither myself nor anyone associated with my child will make a claim against, sue, attach the property of or prosecute HOFAKC Association Staff and their Agents, Sponsors, Facilitators and Employees for damage, for death, personal injury or property damage which my child may sustain as a result of my child's participation in this sporting event. This release is intended to discharge in advance HOFAKC Association Staff and their Agents, Sponsors, Facilitators and Employees against any and all liability, including negligent actions, arising out of or connected in any way with minor child's participation in this sporting event.

I further understand that sports involve physical contact between players and that serious accidents occasionally occur during such sporting events, and that participants in such sporting events occasionally sustain serious personal injuries (including death) and/or property damage, as a consequence thereof. Knowing the risk of participation, nevertheless, I hereby agree that all my players and I assume those risks and release and hold harmless HOFAKC Association Staff and their Agents, Sponsors, Facilitators and Employees who (through negligence or carelessness) might otherwise be liable to me, all my players (or our heirs or assigns) for damages.

Parent/Guardian Signature: _____

Date: _____