



2019 NIRSA Southern Atlantic Flag Football  
Championships  
University of North Carolina Wilmington

**Accident Waiver and Release of Liability Form**  
**DO NOT MAIL OR FAX**

**BRING FORM TO TEAM CHECK-IN OR CAPTAIN'S MEETING: FRIDAY,  
Nov. 30th AT 5:00PM, AT THE RECREATOINAL FIELD COMPLEX.**

PLEASE CHECK ONE:       Men                       Women                       Co-Rec

*Please type for clarity*

Team Name: \_\_\_\_\_

Institution/Military Installation: \_\_\_\_\_

In consideration of being allowed to participate in any way in NIRSA and NIRSA Services Corporation (NSC) related events and activities that is being hosted by event holder the University of North Carolina at Wilmington (UNCW), the undersigned:

1. Agree that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor 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 actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition 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. Acknowledge and understand the NIRSA Championship Series Concussion Policy and agree to abide by it.
5. Release, waive, discharge and covenant not to sue NIRSA or NIRSA Services Corporation, affiliated clubs, their respective administrators, trustees, officers, directors, agents, and other employees of the organizations, other members/participants, sponsoring/hosting agencies/universities, volunteers, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," 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 and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities I may be photographed; I agree to allow my photo, video or film likeness to be used for any legitimate purpose by NIRSA, NSC, event holders, producers, sponsors, organizers and or assigns.

I understand that NIRSA and the UNCW do not provide insurance for me, and I represent and warrant that I have personal health insurance coverage.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read the above waiver and release, understand that I have given up substantial rights by signing the reverse side and sign it voluntarily.

Men's/Women's teams may have 15 players only and Co-Rec teams may have 16 players. Participants over 18 must complete the top section and all participants under 18 must complete the bottom section and have a parent/guardian signature in order to participate in the tournament. If you have more than four players under 18 then use additional forms.

Please type all information except for signature and date.

	PARTICIPANT NAME	AGE	INSURANCE COMPANY	POLICY #	PARTICIPANT SIGNATURE	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
*16						

\*Co-Rec teams only

**Parent/Guardian Waiver for Minors (Under 18 years old)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

	PARTICIPANT NAME	AGE	INSURANCE COMPANY	POLICY #	PARTICIPANT SIGNATURE	DATE
1						
	PARENT/GUARDIAN SIGNATURE:					
2						
	PARENT/GUARDIAN SIGNATURE:					
3						
	PARENT/GUARDIAN SIGNATURE:					
4						
	PARENT/GUARDIAN SIGNATURE:					