



CALIFORNIA KNIGHTS SPORTS ASSOCIATION

PLAYER INJURY WAIVER Alameda County Knights

1. ___The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. ___I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. ___I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. ___I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CALIFORNIA KNIGHTS SPORTS ASSOCIATION and The ALAMEDA COUNTY KNIGHTS SEMI-PRO FOOTBALL ORGANIZATION, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I ASSUME ALL RISK TO PARTICIPATE AS A MEMBER OF THE CALIFORNIA KNIGHTS SPORTS ASSOCIATION AS A PLAYER THAT IS NOT COMPENSATED FOR MY TIME.

_____ Prospective Player _____ Date

