

Team Waiver Form

Swagger Flag Football League (SFL)



Team Name	Date
	/ / 2026

Please print or type legibly

	Jersey #	First Name	Last Name	Cell Number	Signature
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In consideration of being allowed to participate in any way in I-10 Flag Football Association/Swagger Flag Football League (SFL) athletic/sports program, and related events and activities, the _____ (Team Name):

1. Agree that prior to participating, they each inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such conditions(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 of others, the rules of play, or the condition of the premises or of any equipment used. Further, 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. Release, waive, discharge and covenant not to sue I-10 Flag Football Association/Swagger Flag Football League (SFL) its affiliated clubs, their respective administrators, directors, agents, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

EACH TEAM MEMBER OF THE _____ (TEAM NAME) LISTED ON THE TEAM REGISTER AND WAIVER & RELEASE ATTACHMENT (THE ATTACHMENT) HAS READ AND AGREES TO THE WAIVER AND RELEASE. EACH MEMBER UNDERSTANDS HE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THE ATTACHMENT AND SIGNS THE ATTACHMENT VOLUNTARILY.

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations and instructions outlined by the staff of the I-10 Flag Football Association/Swagger Flag Football League (SFL), each member of the the _____ (Team Name) to the best of his knowledge, is in good health and able to participate in the program.

Each member of the _____ (Team Name) I authorize the staff of the I-10 Flag Football Association/Swagger Flag Football League (SFL), to organize any required medical or first aid procedure, or take a player to a Hospital Emergency Room for treatment.

Each member of the _____ (Team Name), hereby forever releases, discharges, and covenants to hold harmless the I-10 Flag Football Association/Swagger Flag Football League (SFL), and any other person, firm or corporation charged or chargeable with responsibility or liability, from any and all claims, arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the I-10 Flag Football Association/Swagger Flag Football League (SFL).

TEAM CAPTAIN NAME (PRINT): _____

TEAM CAPTAIN SIGNATURE: _____