



**GUAM NATIONAL YOUTH FOOTBALL FEDERATION**  
 P.O. Box 24342 \* GMF, Barrigada, Guam \* 96921  
 Telephone: (671) 888-4301  
 www.gnyff671.com



**WAIVER AND RELEASE OF LIABILITY**

In consideration of the opportunity to have my child participate in the Guam National Youth Football Federation (herein referred to as the GNYFF) activities including the 2018 Youth Football League, I, the parent, guardian or person having the care and custody of \_\_\_\_\_ (participant), on behalf of myself, spouse, co-guardian, agents, heir, next of kin and the participant, hereby agree to the following:

**WAIVER & RELEASE:** I agree to release, indemnify, and hold harmless, the GNYFF and its respective member organizations, coaches, development personnel, volunteers, vendors and those contracted with the GNYFF to provide athletic facilities or services, employees, agents, members, directors, officers and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the GNYFF, that the participant may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in the GNYFF activity. I hereby also acknowledge and waive the benefits of the provisions of 18 G.C.A. §82602 (formerly §1542 of the Civil Code of Guam) which reads as follows: “A general release does not extend to the claims which the creditor does not know or suspect exist in his favor at the time of executing the release, which if known by him must have materially affected the debtor.”

**COVENANT NOT TO SUE:** I warrant and agree that I will not make a claim against or sue the foregoing parties and their agents, contractors, and/or employers and forever release them and waive all actions, claims or demands that I may have or hereinafter have of whatsoever nature or kind including without limitation, claims for personal injury or damage to personal property, loss of services, past or present, known or unknown, or any other claim arising out of the Participant’s participation in GNYFF activities.

**MEDICAL CARE:** In addition, I understand the GNYFF does not provide medical insurance coverage and that I, as a member and participant, knowingly allow my child to participate in GNYFF activities, shall provide personal medical insurance. In the case of injury or medical emergency, the GNYFF has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant’s welfare, and it is understood that participant, parent, guardian and person having custody of participant, and not the GNYFF, shall be responsible for any and all charges for such health care services regardless of whether participant’s medical insurance would cover such charges.

**ASSUMPTION OF RISK:** Furthermore, I recognize that every GNYFF activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which participant may incur, even if arising from the negligence of the GNYFF, while participant is participating in a GNYFF activity.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to participant:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_