

## Atlantic Coast Football League League Application & Waiver

Those interested in playing in the ACFL must read the current rules prior to registration and participation. Every participant must first complete and sign this League Application & Waiver and return it prior to participating in any ACFL activities, and must sign an on-field waiver prior to the start of any ACFL game or activity. Filling out this form completely and legibly is the only way to become a recognized member of the league. This form must be submitted with your team's league registration and fee. Do not submit individual applications. In consideration of being allowed to participate in any way in the Atlantic Coast Football League, the North Jersey Football League and New Jersey Touch Football, Inc. related events and activities, the undersigned acknowledges, appreciates and agrees that: 1. The risk of injury form activities involved in these programs is significant, including the potential for disability and death, while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury to me does exist, and 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 and any past participation, and; 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately, and; 4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Atlantic Coast Football League, the North Jersey Football League and New Jersey Touch Football, Inc., 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 incident to my involvement or participation in these programs, WHEATHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law, and; 5. I, for myself and behalf of my/our heirs, assigns, personal representatives and next of KIN, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN if ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. The ACFL/NJFL provides no medical insurance of any kind. All players participate at their own risk.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ATTEST THAT I HAVE READ THE ACFL RULES. I ATTEST THAT I AM 18 YEARS OF AGE OR OLDER AT THE TIME OF THIS REGISTRATION.

### Make Checks Payable to: Atlantic Coast Football League

#### CIRCLE APPROPRIATE SEASON:

**2-HAND TOUCH FOOTBALL:** Spring/Summer      Fall      Winter  
**FLAG FOOTBALL:**                      Spring/Summer      Fall      Winter

\*\*\*FORMS MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR ELIGIBILITY\*\*\*  
 Incomplete and / or illegible forms will be returned and the individual will not be recognized as an active ACFL player.

Print Name Neatly \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Mandatory)

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Must be at least 18 at time of registration)

Head Coach \_\_\_\_\_ Captain \_\_\_\_\_  
(Who will run team in coach's absence)

Team Name \_\_\_\_\_ E-Mail Address (If applicable) \_\_\_\_\_

*I have read and understand the above wavier and restrictions and I attest that all the information I have provided is accurate*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Remember, A MATCH OF THE ABOVE SIGNATURE can be requested by league officials at any time without prior notice to verify a player's eligibility to participate in any and all games or any portion thereof and to determine whether that player is a recognized active member of the league\*\*\*