

Hong Kong American Football League Under 18 Waiver Form

Player Full Name: _____

Date of Birth: _____

Contact Phone Number: _____

Contact Email: _____

Parent/Legal Guardian Full Name: _____

Contact Phone Number: _____

Contact Email: _____

HKAFL Declaration:

- I declare I am the parent/legal guardian of the player applicant detailed in this waiver form.
- I acknowledge that the Hong Kong American Football League (HKAFL) does not offer accident/medical insurance for any form of injury or hospitalization and is not responsible for any injuries the player may sustain while participating in any events or activities organized by the Hong Kong American Football League.
- I understand and agree that neither HKAFL*, nor the officials, shall be held responsible for any incident, accident, or injury sustained by myself as a result of my participation in any HKAFL* event or activity as a player, spectator or official.
- I acknowledge that the HKAFL* does not offer accident/medical insurance for any players for any form of injury or hospitalization.

Health Declaration:

- I declare that the player has NOT confirmed infection of COVID-19, nor been in close contact of an infected person of COVID-19, and have NOT been away from Hong Kong in the past 14 days.

Photo Release:

- I agree, as the legal guardian/parent, to give the HKAFL* permission to publish in print, electronic, or video format the likeness or image of myself and the team. I release all claims against the HKAFL* with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

*Registered as the American Football Amateur League of Hong Kong SAR

Signature of Player: _____

Signature of Legal Guardian/Parent: _____

Date: _____

Please email waiver form to president@hkafl.com or enquiries@hkafl.com, or Whatsapp to +852 5645 2011, or bring to your first game