

## Coach Participation Waiver

I, \_\_\_\_\_ (coach), understand that participation in sports activities may result in injuries, including, in rare cases, serious injury or death. Knowing this, I, on behalf of myself assume all risks and hazards incidental to such participation, including transportation to and from the activities.

### Release

I do hereby waive, release, absolve, indemnify and agree to hold harmless NYS, the organizers, directors, officers, officials, supervisors, coaches, referees, other participants, as well as the owners of facilities used by NYS from any claims arising out of injury to myself incidental to such participation.

### Authorization for Emergency Treatment

I further approve that in my absence, designated league officers, and/or other team coaches, shall have authority to take action as deemed necessary to provide or render immediate medical attention to the above-named applicant(s), due to sudden illness or injury incidental to or occurring during the applicant's participation, including giving consent to medical care for the above applicant(s).

### No Insurance

I understand that NYS is not required to provide medical and accident insurance for participants in the program. That responsibility rests with the participant. Participants agree to assume financial responsibility for medical expenses by agreeing to this Waiver, Release, and Authorization by the participant's signature below.

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Coach