**FT MONARCHS FOOTBALL CLUB 2021 FOOTBALL WAIVER & RELEASE FORM**

This form must be completed, signed and presented on arrival of the first day of participation.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the participant, have the authority to enter into a binding agreement. In exchange for being able to attend the events, I unconditionally and irrevocably agree as follows:

1. **ASSUMPTION OF RISK**: I understand that participation in or attendance at the event, involves inherent risks and dangers of accidents, property loss or damage, serious personal and bodily injury, death, and server social and economic losses. These may result not only from participants own or others actions, inactions, or neglect, but the rules of play, or the condition of the

facilities, or equipment or vehicles. Further, there may be other risks not known to me or foreseeable at this time. I understand and I have considered and evaluated the nature, scoop, and extent of risks in order to participate, and I voluntarily and freely choose to assume these risks as the participant.

2. **RELEASE FROM LIABILITY**: Participant fully and forever releases, and discharges **Fort McMurray Monarchs Football Club**, its subsidiaries, director, officers, employees, sponsors, advertisers, owners or operators of the event, facilities, equipment, and vehicles, and all others involved in the event (the Released Parties) from any and all injuries (including death), losses, damages, claims (including negligence claims), lawsuits and any other liability of any kind, of or to participant, his/her property or any other person, directly or indirectly arising out or in connection with participants attendance at the event, including transportation related to the event, even if it is due to negligence or other fault of the Release Parties.

3. **COVENANT NOT TO SUE**: Participant will not initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in any prosecution or claims for money, damages which anyone may have on account on injuries (including death), losses, or damages sustained by participant or others in connection with participants attendance at the event, and I waive any rights to do so.

4. **ENDEMNITY**: Participant will hold harmless, indemnify, and reimburse the Release Parties from and for any sums, costs or expenses (including Attorney fees) incurred by any of the Released Parties or paid by them to any person (including participant) in connection with any accident, injury (including death), loss, or damage sustained by participant or others in connection with participants attendance or participation in the event, including transportation related to the event.

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 ***MONARCHS FOOTBALL CLUB 2021 PLAYER INFORMATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Phone # :** |  | **Email :** |  |
| **Address:** |  |
| **City:** |  | **Date of Birth:** |  |
| **Health care #** |  | **Age:** |  |
| **Weight:** |  | **Height:** |  |
| **Football Position: (Preference)** |  | **Jersey # (preference)** |  |
| **Years of Football experience:** |  | **Highest Level Played:** |  |
| **List of Previous Teams** |  |
| **Awards:** |  |

Have you previously played for an AFL team before, and if so have you been released? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, Prior Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information**

Do you have any of the following conditions (please mark with x all that apply)

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | Condition |
|  |  | Diabetes |
|  |  | Epilepsy |
|  |  | Heart Condition (ie; arrhythmia, murmur, high blood pressure, cholesterol, etc…) |
|  |  | Lung Problems (asthma, pneumonia, emphysema, etc…) |
|  |  | Cancer: If yes, Type: |
|  |  | Concussion: If yes, how long ago? Did you blackout? |
|  |  | Wear glasses/contacts |
|  |  | Dental bridges/plates/braces |
|  |  | Previous joint sprains: If yes, where? How long ago? |
|  |  | Muscle strains/tears: If yes, where? How long ago? |
|  |  | Previous Surgeries: If yes, what? Where? How long ago? |
|  |  | Allergies: If yes, please list |
|  |  | Are you currently on any medications? Please list |
|  |  | HIV or Hepatitis C |
|  |  | Do you have or require and Epi-Pen for allergies or other purposes? |

Please list any other pertinent information that you feel is relevant to your physical performance and health:

|  |
| --- |
|  |

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION:** |
| First Name: |  |
| Last Name: |  |
| Relationship: |  |
| Address: |  |
| City: |  |
| Postal Code: |  |
| Phone #: |  |
| Alternate #: |  |

I have read and filled out all of the above to the best of my knowledge. I have identified and declared any/all known health issues and/or problems that would assist the Team and Training Staff in my benefit

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

**RETURN INFORMATION:**

Information must be filled out and handed in before any participation of camp/season activities.

**By Email:**

To: monarchsvp@hotmail.com

Subject Line: (Name, Age, Position, Home City)

**Mail:**

Fort McMurray Monarchs 50-101 Paish Place, Fort McMurray T9K 0A1

**In person:**

Bring to any practice

**Questions or Concerns? Contact info below**

**Will Sadlemyer**

**President**

**780-531-41040**

**monarchsvp@hotmail.com**

**THANK YOU**

