

FT MONARCHS FOOTBALL CLUB 2023 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.



**FORT MCMURRAY MONARCHS
FOOTBALL CLUB**

MONARCHS FOOTBALL CLUB 2023 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 161 McConachie Crescent, T9K 1K8

In person:

Bring to any practice

Questions or Concerns? Contact info below

Will Sadlemyer

President

780-531-41040

monarchsvp@hotmail.com

THANK YOU



FORT MCMURRAY MONARCHS

FOOTBALL CLUB