

Victoria Women's Football League
Agreement to Participate and Waiver

All sections must be completed in full prior to participation

Participant Information: Name: _____ Team: _____

Full Address: _____

Email: _____ Date of Birth (YY/MM/DD) _____

First Aid Expiration: _____ CPR Expiration _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____

Phone: _____

Agreement to Participate: Participants in the Victoria Women's Football League ("VWFL") should be aware of the possible risks inherent in athletic endeavors. The League strongly recommends that each participant have an annual physical examination and have personal health and accident insurance.

As a participant in the VWFL, I acknowledge that I am aware of my physical condition, that I am voluntarily participating as a player in the league, that I am aware that such participation may result in possible injury and that I am assuming any risk that may be involved in this sport from my participation. I acknowledge that I have read the Rules and Guidelines (<http://victoriawomensfootball.com/sites/default/files/Canadian%20Touch%20Rule%20Book.pdf> <http://victoriawomensfootball.com/guidelines>) that govern play in this League and I hereby agree to adhere to them.

Signature of Participant: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____
(if participant is under 18 years)

Athlete Waiver and Release: In consideration of acceptance of this entry into the VWFL I, for myself, my heirs, executors, administrators and assigns, agree to waive any claims to which I may become entitled for injury or damage to my person or property and release the VWFL, it's servants, agents or employees and any other person or organization assisting in this league from any claims or demands for damage or injury suffered by me as a result of my participation in the VWFL. I acknowledge that I am aware that participation could, in some circumstances, result in physical injury:

Signature of Participant: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____
(if participant is under 18 years)

