



Champions Indoor Football Tryout Release And Liability Waiver Agreement

I hereby acknowledge that, in an effort to become a member of the SC Bandits football team, I will voluntarily participate in a tryout which shall commence on _____ and end on _____. I understand and acknowledge that, as of the date of the signing of this document, I am not a member of this team, and, as such, shall receive no compensation for my efforts and time during this tryout.

I acknowledge that the purpose of this tryout is to prove my skills as a football player in an attempt to become a member of said team. I do this voluntarily, intelligently, and absent a non-guaranteed invitation to join the team and compensation thereafter, no compensation has been paid to me to induce me to sign this agreement.

In signing this agreement, I acknowledge that I will be playing the game of football which I acknowledge that I am in proper shape to play. I acknowledge that I am in good health physically, emotionally, and mentally. I acknowledge that I have no disability which prevents me from playing the game of football and any practicing, drills, or other physical tests which shall measure my ability to play the game of football and to join said team. I also declare that I have no previous undisclosed injury that has been examined by a medical doctor in the past that requires any medical attention as a result of such injury. I have disclosed all injuries to the trainers, coaches, and management of this club.

I, the undersigned party, hereby agree and by my signature below represent that I release and forever discharge to the extent permitted under law the Champions Indoor Football (CIF), SC Bandits, its officers, agents, representatives, employees, volunteers, and all other members (herein collectively referred to as "the team and league") for any and all liability of any sort or kind pertaining to any injuries or death suffered by me, my heirs, administrators, executors and assigns resulting from my participation in any activities related to the team of CIF.

I fully recognize the dangers inherent in playing or practicing to play football and I hereby voluntarily waive and relinquish any and all claims of any sort whether in tort, contract, equity, or otherwise which I, my heirs, administrators, executors and assigns may ever have against the team for any injuries or death which I or they may suffer or sustain.

I specifically agree to indemnify, defend and hold the team and CIF harmless from any and all liability, of any nature whatsoever for any accident or injury to myself, my guests and/or my property while playing or practicing to play football or engaging in any activity related to or connected with the team.

Further, I specifically agree to hold the team and CIF harmless from any and all liability, including, but not limited to liability directly or indirectly attributable to or proximately caused by any negligent action or negligent failure to act on the part of the team or CIF.

I acknowledge that any decision to start or continue to play football or practice to play football or related activities shall be solely my own. I recognize my responsibility to ask to stop practicing or playing if I become afraid of or have any reason to believe that I may suffer bodily harm, and I agree to cooperate with any other participant who makes such a request. I further agree that it is my own responsibility to exercise reasonable care or otherwise act in a manner that is reasonably likely to result in harm to any person or property.

I further agree that should I fail to comply with or follow any reasonable instruction from a Coach or a trainer or other player or employee of the team and my failure to comply with or follow such instructions results in or proximately causes harm or damage to any person or property, I will assume any and all responsibility for such harm and/or damage.

I agree that this form shall be considered to have been executed in _____, shall be governed and construed by the courts of, and shall be construed in accordance with the laws of, the State of Iowa without regard to any principles of conflict of laws.

I also agree that should one or several provision of this form be or become invalid by operation of applicable law, then such invalid provision or provisions, to the extent each is deemed invalid, shall not be binding, and the parties hereto shall substitute such invalid provision by valid ones or amend the form in other respects to maintain to the extent possible the intentions of the parties. In such valid provisions are not substituted, the invalidity of one or several provisions of this form shall not affect the validity of the form as a whole. I agree that all disputes resulting from or arising under this form which cannot be settled by mutual consent of the parties shall be subject to arbitration in accordance with applicable rules of the American Arbitration Association then in force, and judgment rendered by the arbitrator(s) shall be binding on the parties and may be entered by either party in the court or forum, federal or state, having jurisdiction.

The proceeding of arbitration shall be held in Iowa. The party requesting arbitration shall bear the expenses of presenting its case or defense, notwithstanding any decision of the arbitrator to the contrary. The party against whom the arbitration is brought, may request reimbursement for all of its fees and reasonable expenses from the party requesting arbitration. The party requesting arbitration shall pay all fees and reasonable expenses of the arbitrator.

I have carefully read this form and fully understand its contents. I am aware that this is a full release of all liability, including, but not limited to any liability directly or indirectly attributable to or proximately caused by any negligent action or negligent failure to act on the part of the team. I am further aware that this is a legally enforceable contract between myself and the team and CIF, and I sign this Agreement of my own free will.

It is my intention to be fully bound by this Release and Liability Waiver Agreement:

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone Numbers: _____

Signature: _____ Date: _____