

PHOENIX OUTLAWS FOOTBALL CLUB

Arizona Cactus Football League

NAME: _____

ADDRESS: _____

CITY _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ - _____ - _____ **EMAIL:** _____

Date Of Birth: _____ **Height:** _____ **Weight:** _____

INSURANCE INFORMATION:

Provider Companies Name: _____

Insurance number: _____ **Group #** _____

EMERGENCY CONTACT INFORMATION

In Case Of Emergency please contact:

NAME: (nearest living relative) _____

Phone# _____ **Relationship:** _____

PLAYING HISTORY:

HIGH SCHOOL: _____ **Pos. Played:** _____

COLLEGE: _____ **Pos. Played:** _____

The Phoenix Outlaws Football Club LLC

PLAYER AGREEMENT

PLAYER NAME _____

I _____ hereby wave and release the AZCFL Arizona Cactus Football League as well as the Phoenix Outlaws Football Club LLC and all of it's teams associated with said league as well as it's players coaches and owners from all liability pertaining to the matters set forth below. I agree to play for the Phoenix Outlaws Football Club LLC as well as the Arizona Cactus Football league. I understand that I must be at least eighteen (18) years of age to participate without a parents signature. I understand that by signing this waver and release, I express and willingly agree to assume complete responsibility for any and all risks or injuries that may arise from said activity. On behalf of myself, my heirs assigns and next of kin, I wave all claims for damages injuries and or death sustained to me or my property that I may have against the above names released party relating to such activity. I understand that the activities I will participate in are inherently dangerous and may cause serious injuries, including bodily injury, damage to personal property and or death. By this waver I assume any and all risk and take full responsibility physically and financially and waive any and all claims of personal injury, as well as all financial restitution. I in no way hold the AZCFL Arizona Cactus Football League, and/or the Phoenix Outlaws Football Club LLC and or all teams associated responsible, this includes, but not limited to, games, practice sessions, team or association meetings, any association sponsored activity or event, and any travel to and from such activities. If I am injured or killed from said activity, I will not hold released party responsible even if the injuries and/or death were caused by negligence on the part of the AZCFL Arizona Cactus Football League, The Phoenix Outlaws Football Club LLC it's officers, directors, game officials, game or practice sites, players, vendors, trainers, medical staff, security personal, the owners, coaches, or staff members of each and all teams, or other members associated with the released parties organization.

I understand that I am responsible to purchase and maintain all of my own equipment and understand that all equipment must be in proper working condition, fit properly with all the proper certifications regardless if the helmet gets painted or dipped, it must be in perfect certified, condition to use. By signing this you are acknowledging such.

I agree and understand that the Phoenix Outlaws Football Club LLC has a team donation of \$250.00 that is a non-refundable, non-transferable, non-roll over, donation, and at no time will a refund be given for any reason. All donations are final. I also understand that this donation does not entitle me to playing time or a right to travel with the team. Those rights are earned.

BY SIGNING THE AGREEMENT I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL THE TERMS OF THE WAVIER AND RELEASE FOR THIS PLAYER AGREEMENT. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS PLAYER AGREEMENT, I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS WAVIER FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME, MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAVIER AND RELEASE OF LL LIABILITY TO THE FULL EXTENT OF THE LAW. I AM 18 YEARS OF AGE OR OLDER AND MENTALLY COMPETENT TO GRANT THIS AGREEMENT AND WAVIER.

I declare that the foregoing is true and correct. Signed on this DATE: _____ year _____

PRINT PLAYERS FULL LEGAL GIVEN NAME:

SIGNATURE:

ADDRESS

CITY

STATE

ZIP