



MidStates Football League

Player/Team/League

Contractual Agreement & Amateur Athletic Wavier/Release of Liability

Note: This contract is entered into between the undersigned player, said member team, and the MidStates Football League. This contract is in affect from the date signed, to December 31st of the same year.

Player numbers: Home _____ Away _____

Name _____
Last First Middle Initial

Address _____
Street number City State Zip code

Home Phone: _____ Cell Phone: _____

A person who can always contact me is: _____
Name Phone

Date of Birth _____ Age _____ DLN _____
Drivers License Number

Occupation _____ Employer _____

_____ Address City State Zip Code

List the Teams that you have played on in the MidStates Football League:

For the up-coming football season it is my intention to play for the MidSates Football League member team listed below. **With my affixed signature I attest that I will not participate with or join any other team, or league during this contractual year.** I certify also with my signature below that I do not owe any team fee's, monies, or equipment, to any member MSFL team, and understand that if I am found, to owe said monies or equipment, that I will be declared ineligible till said debt is paid, or equipment returned. I have also read, and voluntarily signed, the MSFL League "Amateur Athletic Waiver and Release of Liability" form, found on the reverse side of this sheet.

_____ MSFL Member Team

_____ Signature of Player Athlete Date

A Player Picture is required for this form to be Valid

This picture should show a legible Head shot

_____ Signature of MSFL Team Representative Date

Please Complete the Back Side of this Form



MidStates Football League

Amateur Athletic Waiver and Release of Liability

Read Before Signing

In consideration of being allowed to participate in any way in the, **MidStates Football League** and its member teams, athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I am 18 years of age as of the signing of this Wavier/Release.
2. As a player and or member of a team in the MidStates Football League, minor league football (hereinafter referred to as "the MSFL") one of whose principal purposes is to organize football competition between its members teams, and between its member teams and non-member teams, I **HEREBY ACKNOWLEDGE THAT FOOTBALL IS A DANGEROUS SPORT AND THAT THERE ARE DEFINITE RISKS OF PHYSICAL AND/OR MENTAL INJURY THAT ACCOMPANY ANY MSFL TEAM GAME, SCRIMMAGE, OR INTRATEAM PRACTICE SESSION IN WHICH I MAY BE INVOLVED AS A PLAYER OR MEMBER OF A MSFL TEAM.**
3. In consideration of the MSFL permitting me to participate as player and or member of one of its member teams, I **HEREBY AGREE TO INDEMNIFY THE MSFL AND HOLD IT HARMLESS** from any claims or lawsuits which I OR ANY MEMBER OF MY FAMILY MAY HAVE AGAINST THE MSFL, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGAINST ANY OF ITS MEMBER TEAMS AND THEIR OWNERS, OFFICERS, AND EMPLOYEES, which claim or lawsuit arises either directly or indirectly from my participation in any MSFL TEAM GAME, SCRIMMAGE, OR PRACTICE SESSION, whether that participation takes the form of active play in the game or acting as a spectator, or simply as a member of the team. MSFL TEAM GAMES include games between my MSFL MEMBER TEAM and any other football team, whether or not that other team be a MSFL TEAM MEMBER or not. MSFL SCRIMMAGES include any informal competition between my MSFL MEMBER TEAM and any other football team, whether or no that other team is a MSFL team member. MSFL TEAM PRACTICE SESSIONS include any football play conducted within my MSFL MEMBER TEAM which is not an actual football game. Such claims or lawsuits shall include, but are not limited to, physical or mental injuries I may incur as a result of my presence at any of the aforementioned MSFL TEAM GAMES, MSFL SCRIMMAGES, or MSFL PRACTICE SESSIONS, as well as any losses I sustain as the result of personal property which may be lost, stolen, or damaged at any such MSFL TEAM GAME, MSFL SCRIMMAGE, or MSFL PRACTICE SESSION.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD THE FOREGOING MSFL PLAYER/MEMBER RELEASE FORM AND INDEMNITY AGREEMENT, AND THAT I HAVE BEEN PROVIDED WITH A COPY OF SAME.

Printed Name

Date of Birth

Date Signed

Participant's Signature

City, State Zip Code
(Home Address)

Signature of MSFL Team Representative

Date

Please Complete the Back Side of this Form