

AFL MASTERS A.C.T.

MEMBER REGISTRATION FORM

State: **A.C.T.** Playing Category: Division:

Surname: First Name:

Address: Post Code:

Telephone (H): Work:

Date of Birth: Driver's Licence Number:

Email Address:

Please send me all official club notices by email.

WARNING & DISCLAIMER

!!!!AUSTRALIAN RULES FOOTBALL IS DANGEROUS!!!!

Participation can result in serious bodily injury, permanent incapacity and even death. By signing this application you acknowledge that you have read and understood the terms upon which AFL Masters ACT (AFLMACT) may accept your application as a participant. If your application is accepted AFL Masters ACT will rely on you keeping the promises you make below.

In this document, the phrase "AFLM" means AFL Masters, its officers, volunteers, servants, agents, co-contractors and associated organisations of AFL Masters games and competitions. Similarly, "AFLMACT" means *AFL Masters A.C.T. Incorporated*.

1. I have read the Rules for the conduct of the AFLMACT season in which I am applying for participation and will at all times comply with the rules of the AFLMACT season and any reasonable direction given to me by AFLMACT.
2. I will participate solely at my own risk, knowing and accepting that in participating I may become seriously injured, permanently incapacitated or killed by or as a consequence of on-field practice or competition. Should I require medical treatment or ambulance at or during the season, it shall be at my own cost, even if an ambulance is in attendance.
3. I will not engage in any conduct, on or off the field, which places other participants or AFLMACT at risk of injury or death and/or which is in the opinion of AFLMACT considered to be unreasonable or unsportsmanlike behaviour.
4. The determination of whether my conduct places or placed other persons at risk of injury or death and/or which is or was unreasonable or unsportsmanlike behaviour is solely at the discretion of AFLMACT and I agree to be bound by that determination.
5. I hereby release and indemnify AFLMACT and AFLM from all claims, costs, proceedings, liabilities and expenses arising from or in any way connected with my participation in the season.
6. I participate knowing that it is my responsibility to undertake a full medical examination prior to playing to ensure that I am not suffering from any illness or condition or injury that may put my health, enjoyment, life or use of my body at greater risk.

Signed: Date:

*AFLMACT season includes the National Carnival

AFL MASTERS A.C.T. Inc.

ABN 36 458 709 609