

MISHAWAKA IRON BULLS

Tryout Waiver & Liability Release Form

TRYOUT WAIVER & LIABILITY RELEASE

PARTICIPANT INFORMATION

Full Legal Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Address: _____

ASSUMPTION OF RISK

I, the undersigned, acknowledge and understand that participation in football tryouts and related activities organized by the Mishawaka Iron Bulls Football Organization involves inherent risks, including but not limited to:

- Physical injury, including sprains, fractures, concussions, or other serious injury
- Aggravation of pre-existing conditions or injuries
- Illness or heat-related conditions
- Damage to personal property

I voluntarily assume all such risks and hereby release and discharge the Mishawaka Iron Bulls, its officers, coaches, staff, and volunteers from any and all claims, damages, losses, or expenses arising out of my participation in tryout activities.

MEDICAL AUTHORIZATION

In the event of an emergency in which I am unable to make medical decisions, I hereby authorize the Organization's staff to consent to emergency medical treatment on my behalf. I acknowledge that I am responsible for all medical expenses incurred as a result of participation.

Known Medical Conditions: _____ Allergies: _____

Current Medications: _____ Primary Care Physician: _____

Physician Phone #: _____ Blood Type: _____

Health Insurance Provider & Policy #: _____

EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alt Phone: _____

CONSENT & SIGNATURE

I have read and fully understand this Waiver and Release. I am signing this document voluntarily and of my own free will.

X

Player / Employee Signature

Date