



INTENSITY FOOTBALL

Participation Waiver

Last Name: _____ First Name: _____ MI: _____

Known allergies, drug reactions, medical conditions, or prior injuries _____

I understand the significant risks involved in participating in the full-contact sport of tackle football and that it is possible I may sustain one or more serious injuries during the course of exercises, workouts, drills, scrimmages, and related activities involved in tryouts, workouts, training camps, practices, and games. I represent and warrant that I have adequate medical insurance coverage to provide for my medical care in the event that I sustain an injury while participating in the aforementioned activities and will hold harmless the New England Intensity, the IWFL and related entities for any injuries that I might sustain. With regard to the above, I represent and warrant that I am not aware of any personal injury, disability or health condition from which I suffer (either chronic or periodic) that would prevent my performing any activity previously delineated. Moreover, I warrant that I am physically able to participate in the activities of the New England Intensity and that I accept all of the risks associated with such participation.

I further agree that if selected to play for the New England Intensity, I will undergo a physical examination by a licensed physician, or produce a copy of a physical examination dated not more than one year prior to the first game of the season. I agree that I have provided all the pertinent information regarding my health conditions above and agree that I am in good physical health and the physical condition necessary to endure the rigorous activities required to play Full-contact North American Rules Football.

I have read this Injury Waiver in its entirety and fully understand its terms and conditions. *Also by signing this form, you allow the Ownership/Staff from the New England Intensity to contact you using email or other forms of communication that you have provided.*

Player
Signature _____ Date: _____

Witness: _____

