



**NORTHERN  
SUBURBS  
FOOTBALL**  
EST. 1957

**CF15C – FEMALE PLAYING IN SENIOR MEN’S COMPETITION FOOTBALL**

I, the undersigned, have read, understood, acknowledged and agree to the contents of this document and that I have had the right to obtain independent legal advice regarding same.

In relation to myself, I acknowledge and accept that there is an inherit risk in myself playing in the Senior Men’s Competition. It is acknowledged participation in (soccer) football is a high exertion activity and a contact sport and that the participant has an equal if not greater risk of both general injury and injury from contact arising from participation in the Senior Men’s Competition. These may include muscle cramps, muscle soreness, pain, discomfort, fatigue, abrasion, laceration, bruising, bone dislocation or breakage, head injury including but not limited to concussion and other injuries that may require medical treatment or hospitalisation.

To the full extent permitted by law I hold harmless and indemnify the club, association and Football NSW, and their respective board members, officers and employees and any related third party from any and all liability for any loss, damage, expense or personal injury including death that the participant may suffer as a result of the participation in (soccer) football competition in the Senior Men’s Competition due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care.

I am aware that by signing this document I am waiving certain legal rights that I have or may have had against the Club, Association, Football NSW, and their respective board members, officers, employees or related third parties and I reconfirm that there is an inherit risk in participation in the Senior Men’s Competition which includes but is not limited to the potential for serious personal injury or death.

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| Club Participant Registered with:        |  |
| Gender:                                  |  |
| Name of Participant:                     |  |
| Signature of Participant:                |  |
| Name of Club Representative:             |  |
| Signature of Club Representative:        |  |
| Name of Association Representative:      |  |
| Signature of Association Representative: |  |

Note: **This form must be submitted via email to [competitions@nsfa.asn.au](mailto:competitions@nsfa.asn.au)**