

NATIONAL MASTERS AUSTRALIAN FOOTBALL CARNIVAL  
PLAYERS SAFETY REGISTRATION FORM  
SUPERULES AUSTRALIA INC. (Vic. Registration Number Aooo2385U)  
Trading as MASTERS AUSTRALIAN FOOTBALL Business No. B1577568

State..... Playing Category .....Division.....

Surname.....First Names.....

Address .....Post Code .....

Telephone (H)..... (W) .....Mobile .....

Date of Birth ../.../..... Drivers Licence No .....

**WARNING AND 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 Superules Australian Incorporated trading as MASTER AUSTRALIAN FOOTBALL may accept your application as a participant. If your application is accepted MASTER AUSTRALAIN FOOTBALL will rely on you keeping the promises you make below

In this document the phrase “MAF”, Means Masters Australian Football, its’ officers, volunteers, servants, agents and any co-contractors of Masters Australian Football.

1. I have read the Rules for the conduct of the Carnival in which I am applying for participation and will at all times comply with the rules of the Carnival and any reasonable direction given me by MAF.
2. I will participate solely at my own risk, knowing and accepting that in particular I may become seriously injured, permanently incapacitated or killed, or as a consequence of on-field practice or competitions, should I require medical treatment or ambulance at or during the carnival, 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 MAF, at risk of injury or death and/ or which is in the opinion of MAF considered to be unreasonable or un-sportsmanlike behavior.
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 un-sportsmanlike behavior is solely at the discretion of MAF and I agree to be bound by that determination.
5. I hereby release and indemnify MAF, from all claims, costs, proceedings, liabilities and expenses arising from or in any way connected with my participation in the carnival.
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 of life or use of my body at greater risk. I acknowledge that it has been recommended that I should take out full private health insurance cover including ambulance cover.
7. Signed ..... Date ...../...../.....