

**Minnesota Flag Football League  
Medical Release**

I hereby consent to any medical treatment necessary in case of an emergency and further agree not to hold MN Flag Football League/Gavin Athletics, Llp. and its employees, and/or agents, responsible for injuries which may incur as a direct result of his/her participation in any of their athletic activities.

Your Name \_\_\_\_\_ **TEAM** \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

**Email** \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Emergency Contact/Relation/Phone \_\_\_\_\_  
(All players must be at least 18 years of age.)

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**MN Flag Football League / Gavin Athletics, LLP.  
Release and Waiver of Liability and Indemnity Agreement**

In further consideration of being permitted to enter Minnesota Football League/Gavin Athletics for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges and covenants not to sue Minnesota Flag Football League/Gavin Athletics (hereinafter referred to as 'releasees') from all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment, therein.

The undersigned hereby agrees to indemnify and save and hold harmless the releasees and from any loss, liability, damage or cost they may incur due to the presence of the whether caused by the negligence of the releasees or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while using the premises or any facilities or equipment hereon.

The undersigned has read and voluntarily signs the Release, Waiver of Liability and Indemnity Agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read and understood this release.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name