

## Maine Mayhem Perpetual Liability Waiver

**Wavier is effective from the date signed forward and covers all activities  
associated with participation with the Maine Mayhem football team**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>City, State and Zip:</b>			
<b>Phone:</b>		<b>Email:</b>	

I understand the risks involved in playing or coaching full contact football, including but not limited to broken bones, torn ligaments, hematomas, concussions, sprains, contusions, paralysis, internal injury, other unspecified injuries, or even death.

I understand that I may incur financial responsibility for medical care and treatment for injuries sustained while participating in or coaching full contact football, including ambulance, emergency room, hospitalization, surgical, physical/occupational therapy, durable medical equipment, or other unnamed expenses.

I understand I may lose time from work and suffer lost wages as a result of participating in or coaching women's full contact football.

I also understand that I am responsible for maintaining a Health Insurance Plan and that my health insurance plan provides the necessary medical coverage should an emergency arise. I can provide proof of insurance if asked.

I understand these risks and knowingly agree to absolve the Maine Mayhem, the Maine Women's Football Inc., the Women's Football Alliance, and any of these organizations' owners, directors, coaches, staff, volunteers, and medical personal from any liability for the physical, personal, or property loss incurred by my voluntary participation in, or coaching of, women's full contact football.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witnesses Name \_\_\_\_\_

Witnesses Signature \_\_\_\_\_ Date Witnessed: \_\_\_\_\_