



**MEMBERSHIP APPLICATION**  
NAFIANNA LADIES GAELIC FOOTBALL CLUB, ATLANTA

DATE: \_\_\_\_\_

Payment Method: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to gain out of the team? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All memberships are a one year, non-refundable contract

9/24/05



RELEASE, WAIVER OF LIABILITY AND  
COVENANT NOT TO SUE  
NAFIANNA LADIES GAELIC FOOTBALL CLUB, ATLANTA

I hereby acknowledge my awareness that my participation in Na Fianna Ladies Gaelic Football Club Atlanta (hereafter "NA FIANNA") sporting events and activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal. I understand that the risks to which I may be exposed include but are not limited to sickness, broken bones, sprains, concussion, injury from balls and other athletic equipment, heart attack and weather. I knowingly and freely assume all such risks, both know and unknown and I assume all full responsibility for my participation.

I acknowledge that NA FIANNA strongly recommends the use of protective and proper athletic gear during the participation of any and all sporting events and activities. I understand that if I choose not to wear such equipment, I am participating at my own risk and shall not hold NA FIANNA, its members individually, and its officers, agents and representatives from any and all claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage resulting from or in any way connected with my participation in any and all activities.

I acknowledge the requisite skills, qualifications, physical abilities and training necessary for proper and safe use of equipment and participation in the activity itself. I understand and accept all the physical requirements.

I hereby consent to medical treatment in a medical emergency wherein I am unable to consent to such treatment. I acknowledge that NA FIANNA does not provide health insurance or medical coverage for any participation. NA FIANNA encourages the undersigned to have a physical examination and to be certain that the proper personal health insurance is acquired prior to any and all participation in any and all activities.

In consideration of NA FIANNA for allowing my participation in any and all activities, I hereby release and forever discharge NA FIANNA, its members individually, and its officers, coaches, sponsors, agents and representatives from any and all claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage resulting from or in any way connected with my participation in any and all activities. I also, allow Na Fianna to use any pictures taken of me during Na Fianna events to be used on the Na Fianna website and for marketing materials to promote the team.

I agree to indemnify and hold harmless NA FIANNA from any and all liability for any damage to the property of or personal injury to, any third party, resulting in my participation in any and all activities.

I further covenant and agree that for the consideration stated above, I will not sue NA FIANNA, its members individually, its officers, coaches, sponsors, agents and representatives for any claim for damages resulting from or in any way connected with my participation in any and all activities.

I agree that this release, waiver of liability and covenant not to sue, is to be construed under laws of the State of Georgia and if any portion is held invalid or enforceable, the remainder shall, notwithstanding, continue in full force and effect.

This agreement shall be effective and binding upon my heirs, assigns, executors, administrators, guardians and legal representatives in the event of death or incapacity.

By signing below, I hereby certify that I have read this entire document, that I understand its terms, and that I am giving up legal rights that I might otherwise have, and that I have signed it knowingly and voluntarily.

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SIGNATURE OF PARTICIPANT

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DATE

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PRINTED NAME