



# Mukwonago Braves Football, Inc.

P.O. Box 117 Mukwonago, WI 53149  
Jake Sinnett, Pres. Shane Herbig, Treas.  
www.bravesfootball.org



## Wisconsin All-American Youth Football League Participant Application Form

PLAYER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(Last) (First) (M.I.)

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Is the Player Open Enrolled in MASD? \_\_\_\_ If Yes, have they been going to a MASD school for at least 2 years? \_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

High School District of Residence: \_\_\_\_\_ Grade in fall: \_\_\_\_ School to attend: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE, program  
it's related events and activities, I \_\_\_\_\_, the undersigned acknowledges, appreciates, and agrees that:  
Participant

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE FROM THE NEGLIGENCE OF THE RELEASEES** of others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazards during my presence or participating, I will remove myself from participating and bring such to the attention of the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releases"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the full extent permitted by law.

**I HAVE HEREBY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARY WITHOUT ANY INUCEMENT.**

X \_\_\_\_\_ / /  
Participant's Signature: AGE Date Signed

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_ ( ) / /  
Parent/Guardian's Signature: Emer. Phone Date Signed