



MWFA PLAYING ABOVE AGE CONSENT FORM 2024

A separate form must be filled in for each Age Group a Participant requests consent to play Above Age.

Name of Participant _____

Age Group for Consent Request: Participant's Registered Team / Participant to act as Borrowed Player
(Strike out whichever does not apply)

MWFA Club Participant Registered With: _____

Participant Date of Birth: _____ **Age Group Requesting Consent:** _____

I, the undersigned as guardian of the Participant named hereunder have read, understood, acknowledged and agree to the contents of this document and that I have had the right to obtain independent legal advice regarding same.

I, the undersigned as guardian of the participant give consent for the Participant to play in the higher age group (as stated below) which I acknowledge is above what is my child's true age group and as governed by the age groups of participation.

In relation to this Participant I acknowledge and accept that there is an inherit risk in the participant playing in an age group which is above/greater than the participant's current age including but not limited to participation against adults in All Age and senior competition. It is acknowledged participation in (soccer) football is a high exertion activity and a contact sport and that the participant has an equal if not greater risk of both general injury and injury from contact arising from participation in the higher age group. These may include muscle cramps, muscle soreness, pain, discomfort, fatigue, abrasion, laceration, bruising, bone dislocation or breakage, head injury including but not limited to concussion and other injuries that may require medical treatment or hospitalisation.

To the full extent permitted by law I as the guardian of the Participant release, hold harmless and indemnify the Club, MWFA and Football NSW, and their respective board members, officers and employees and any related third party from any and all liability for any loss, damage, expense or personal injury including death that the participant may suffer as a result of the participation in (soccer) football competition in the higher age group due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care.

I as guardian of the Participant am aware that by signing this document I am waiving certain legal rights on behalf of the Participant that I or the Participant has or may have had against the Club, MWFA, Football NSW, and their respective board members, officers, employees or related third parties and I reconfirm that there is an inherit risk in participation in the higher age group which includes but is not limited to the potential for serious personal injury or death.

Where I as guardian sign on behalf of a minor child, I also give full permission for any person connected with the Club and/or MWFA and/or Football NSW to administer first aid deemed as necessary, and in the case of serious illness or injury, give permission to call for medical and/or surgical care for the Participant and to transport the participant to a medical facility deemed as necessary for the wellbeing of the child.

Name of Participant

Name of Guardian

Signature of Participant

Signature of Guardian

Dated this.....day of20.....

Name of Club Representative

Signature of Club Representative

Name of MWFA Representative

Signature of MWFA Representative

This form must be completed and returned to the Administrator of the Club for approval by the MWFA prior to the participant playing in the older age group. It is an insurance requirement that this form must be kept on file by the Association for a minimum of 7 years from the date of signing.