

DALLAS MARSHALS

MEDICAL RELEASE/LIABILITY WAIVER



Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/Zip Code: _____

Home Phone#: () _____ Home Phone () _____

I hereby give my approval for participation in any and all "Dallas Marshals Professional Indoor Football Team" (herein called Team.) activities during any workouts.

I hereby waive, release, indemnify, and agree to forever hold harmless the TEAM.; Sponsors, Directors, Coaches, Participants and other TEAM officials from responsibility including but not limited to any injuries to myself, while participating in any and all TEAM activities. Furthermore, I will inform any guests and or family members that they are entering any and all TEAM activities at their own risk.

I give my permission for the TEAM and their designated officials to seek such medical assistance as required in the event of injury to me while participating in any TEAM activity. I will provide the proper ID to the TEAM. Sponsors, Directors, Coaches, and. officials to prove I'm of legal age to participate in the tryouts.

This form must be signed before participating in the professional football drills. If there are any special conditions or requirements the TEAM. Sponsors, Directors, Coaches, and. officials should be aware of, indicate in writing in the space indicated below.

"Special Conditions or Requirements"

Signature

Date

THIS MEDICAL RELEASE/LIABILITY WAIVER IS THE PROPERTY OF THE DALLAS MARSHALS, NO UNAUTHORIZED DISTRIBUTION.

Official CIF Player Bio & Registration Form

TEAM:

DATE:

Personal Information

First Name: _____ **Last Name:** _____ **DOB:** / / **Email:** _____

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Work Phone:** () _____ **Cell Phone:** () _____

Position: (Please Circle): QB WR RB FB TE C OG DE DT NG FS SS CB OLB ILB JB MB K

Height: _____ **Weight:** _____

Agent Information

Agent Name: _____ **Agent Company:** _____

Office Phone: () _____ **Cell Phone:** () _____ **Fax:** () _____ **Email:** _____

College Football Experience

Name of College: _____ **Years Played:** _____ **Games Started:** _____

Positions Played: _____

Stats/Records/&Honors: _____

Professional Football Experience

Name of Team: _____ **League:** _____ **Years with team:** _____

Games Played: _____ **Games Started:** _____ **Seasons with team:** _____

Player Signature: _____

Date: _____