

INTERESTED PLAYER QUESTIONNAIRE

PLEASE ANSWER EACH QUESTION, PRINT AND BRING IT TO YOUR LFL TRYOUT.

TEAM NAME: _____

NAME: _____

AGE: _____

EMAIL: _____

PHONE: _____

WEB / SOCIAL NET / MM: _____

HEIGHT / WEIGHT: _____ / _____

CURRENTLY RESIDE: _____

TATTOOS: _____

FAVORITE NFL TEAM: _____

ATHLETIC BACKGROUND: _____



INTERESTED PLAYER RELEASE

TALENT RELEASE AND WAIVER OF COMPENSATION

I, _____ (“Player”) agree to appear in the Agility Test hosted by the Legends Football League LLC. (“Producer”). I furthermore agree to grant all rights in perpetuity and throughout the universe, in and all work(s) heretofore done. Also, I give all rights to use my name, photographs, and any visual likeness for purposes now or in the future. I give the right to reproduce, in any medium (i.e. live, taped, edited, etc.), recordings made of my voice or any other sound or sound effects. As a matter of record, for the above mentioned rights, I have agreed to receive no compensation or credit, but have donated my time in the Agility Test. Any and all Statements made by me, for this taping, were done so of my own free will and under no duress.

 (“Player’s legal name”) (“Player”)

RECOGNITION AND ASSUMPTION OF RISK AND PHYSICIAN RELEASE

I, _____ (“Player”) have been advised and hereby acknowledge that the Agreement including my participation in the Agility Test (“Test”) to take place on _____ (Date), will require me to provide sports-related, physical, athletic entertainment services in a team setting. Furthermore, I have been advised and hereby acknowledge that the Test will involve full-body, physical contact with other participants in a football setting which involves some inherent risk of injury. In light of foregoing, I knowingly and voluntarily agree to provide my services hereunder and to participation the aforementioned activities. By signing this waiver, I hereby assume the risk of injury that may occur during the course of my providing my services hereunder. In consideration of my participation in the Test, I hereby release, waive, discharge and covenant not to sue Producer (Legends Football League, LLC.) or Venue and its parent, subsidiary and affiliated companies and each of their respective officers, directors, shareholders, affiliates, subsidiaries, employees, attorneys, representatives, agents, licensees, successors or assigns from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that I might sustain, whether caused by the negligence of the releases, or otherwise while participating in such activities, or while in, or upon the premises where the activities are being conducted.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, including transportation, and accept responsibility for the cost.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

(Player’s legal name) (“Player”)

