

**USAFL MEDICAL INSURANCE AGREEMENT AND RULES ACKNOWLEDGMENT
FOR MINORS (UNDER 18 YEARS OF AGE)**

1. I, the undersigned parent/guardian (hereinafter "I" or "Parent/Guardian"), acknowledge that THE MINOR CHILD IDENTIFIED BELOW (hereinafter, the "Minor Participant") is covered by a personal or group insurance policy that has \$100,000 or more in coverage for medical, hospitalization, and other expenses of treatment and care should the Minor Participant be injured or become ill while or as a result of participating in any United States Australian Football League, Inc. (USAFL) related activities, including but not limited to warm-up, training, practice, games, clinics, travel, and social events (hereinafter referred to collectively as "Activities") **WITH NO RESTRICTION FOR ACCIDENTS OR ILLNESSES WHILE PARTICIPATING IN SPORTS, SPORTS-RELATED ACTIVITIES, OR RECREATIONAL ACTIVITIES.** I understand such insurance will be my and the Minor Participant's primary source of payment should medical treatment be necessary as a result of Minor Participant's participation in such Activities. The undersigned accepts full financial responsibility for and agrees to pay all costs of medical treatment or care incurred due to the Minor Participant's illness or injury during the Activities that are not covered by such insurance policy.

2. The Minor Participant will abide by the Laws of Australian Football (including any modifications or amendments), and any and all USAFL, member league, or member club rules or regulations, including related to any dispute regarding my eligibility or right to participate in any Activities.

3. I affirm that the Minor Participant is not suspended or banned from play or participation by any league or club, and I authorize the USAFL to verify the Minor Participant's citizenship and the Minor Participant's right to participate in any Activities.

THE UNDERSIGNED PARENT/GUARDIAN HEREBY CERTIFIES THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS USAFL MEDICAL INSURANCE AGREEMENT AND RULES ACKNOWLEDGMENT FOR MINORS (UNDER 18 YEARS OF AGE) AND ITS TERMS; THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT AND TO RETAIN MY OWN ATTORNEY TO REVIEW IT ON MY BEHALF; THAT I HAVE SIGNED IT FREELY AND VOLUNTARILY AND WITHOUT ANY WRONGFUL PRESSURE OR ASSURANCE OF ANY NATURE ; THAT I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND THAT I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL AGREEMENT TO CARRY MEDICAL INSURANCE.

I AM A PARENT/GUARDIAN OF THIS MINOR PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR PARTICIPANT, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS USAFL MEDICAL INSURANCE AGREEMENT AND RULES ACKNOWLEDGMENT FOR MINORS (UNDER 18 YEARS OF AGE) ON BEHALF OF THE MINOR PARTICIPANT.

Printed Name of Minor Participant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB.