

**Waiver of Medical Insurance**

**Name of Player:**

**Address:**

**Date of Birth:**

On the basis that Scunthorpe United Football Club are unable to provide me with the medical insurance to participate as a trialist at the Club's Academy, I hereby agree to assume all such risks and, further, to waive, release, discharge and hold harmless Scunthorpe United Football Club, including any employees, sponsors, contractors and including any person or persons (including bodies corporate) whatsoever connected with the organisation and running of the Football Club, from any and all liability, actions, causes of actions, claims or demands for personal injury, and any other claims whatsoever arising out of, or in any way connected with my participation in any development fixture/training I partake during the trial period.

This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, but does not exclude any liability for negligence.

I understand that my participation in the training/talent day and/or football match can involve risk of injury and I am aware of the potential dangers and the risks.

Player Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date: