



Queensland Fiji Football Association Incorporated PLAYER REGISTRATION & INDEMNITY FORM 2020

QFFA Player ID Number:

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| Player Full Name | |
| Driver Licence No. <i>(Please state NIL if do not have Driver Licence- other documentary evidence will be requested)</i> | <i>For non Australian Players, please provide passport details.</i> |
| Please advise Residency Status Australian Citizen, Permanent Residence | |
| Date of Birth & Country of Birth | |
| Best Contact Number (Phone) | |
| Email ID (must be valid email) | |

DISCLAIMER AND INDEMNITY

(Note: By signing this form, your own and your next of kin's legal rights and entitlements could be affected and you should obtain your own independent legal advice before signing)

I hereby consent to play under the Constitution and Rules of Queensland Fiji Football Association Incorporated ("QFFA") as a registered player for the QFFA affiliated club/team. I acknowledge and accept that my registration to play in QFFA organised soccer tournament is conditional upon my acceptance of the following conditions (signified by my signature appearing hereunder):-

1. Soccer is a body contact sport from which injury, disablement or even death may occur. I play and train at my own risk and my executors and I hereby agree to fully indemnify QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against any damages, losses or judgments that they may incur as a result of my playing soccer under the jurisdiction of QFFA.
2. I acknowledge that I have been made aware and am aware that QFFA and my club do not have insurance cover protecting me against loss of earnings resulting from injuries nor a capital lump sum payment for permanent disablement or death. I declare that I have either obtained my own insurance cover to protect myself against all such eventualities, or I have elected not to insure myself and accept the risk of loss of earnings or loss of lump sum benefit for both myself, my family and my heirs and executors at law.
3. I declare that I believe I am in proper physical condition to play soccer and that QFFA has recommended that I first obtain a medical check-up before commencing to play or train at the start of each season, or after suffering an injury or a lay off period exceeding two weeks. I declare that I have either obtained such medical clearance, or I have elected not to seek such medical clearance and accept the risk of physical damage, loss of earnings or loss of lump sum benefit for both myself, my family and my heirs and executors at law.
4. I accept QFFA rules and agree to be disciplined by QFFA should I breach any of the rules as set out by QFFA from time to time.
5. I declare that QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against will not be held responsible by me for any injury, disablement or death caused in any way as a result of me playing and/or training for soccer.
6. I hereby release QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against from all liability, claims, actions or demands, in law or equity, which I or my heirs

and assigns might have now or in the future by reason of complying with my decision to play and/or train for soccer.

7. I hereby fully release and forever discharge the said QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against from all claims, actions, suits and demands whatsoever in relation to any claims, demands or entitlements made by me and I will not take any action whatsoever against QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against in relation to any injury, disablement or death whatsoever arising out of any injury, disablement or death sustained by me.
8. I acknowledge that this Release will be pleaded as a bar to any claim, demand or suit that I make against QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against in the future, if any.
9. I authorise QFFA, its Affiliated Members, Executives, Associates and clubs upon whose grounds matches or training may be played against to use my name, images and/or video of me on advertising and/or social networking and hereby waive my rights under the *Privacy Act 1988* (Cth) in this regard.
10. I hereby acknowledge that I have received a copy of the Codes as entered into force by the Association and agree to be bound by the Codes as amended and in force from time to time.
11. I hereby consent to any randomised drug testing as required under the Anti-Doping Code 2014.
12. I undertake that I am not, and will not during the QFFA Season, consume, supply or traffic any Prescribed Substance as defined under the Anti-Doping Code 2014 as amended and in force from time to time.
13. In the event the Player is not eighteen (18) years of age then the Player's parent or guardian must also sign this document and declare they are aware of the Player's registration and they give their full consent. The parent or guardian agrees to abide by the same declarations, releases and acknowledgements that are set out in this Disclaimer and Indemnity.

[Signature box]

Signature of Player or Guardian

Date _

This form is valid till 31st December 2020

*For Official Use Only
Registration accepted by QFFA on the date shown below.*

[Signature box]

Signature of Official

Date _

