



MEDICAL WAIVER DECLARATION

I, _____, hereby acknowledge that officials from the Sydney Roosters Rugby League Football Club have advised me that any injuries sustained during any trial game, training or any other Rugby League football related activities with the Sydney Roosters Rugby League Football Club are at my own risk.

I understand that, under no circumstances, will the Sydney Roosters Rugby League Football Club be liable for any medical costs associated with my playing or training for the Club.

Signed:

Player

Player's Parent/Guardian

Name:

Player
(please print)

Player's Parent/Guardian
(please print)

Date:

Date:
