



NORTH MURRAY DIAMOND SPORTS ASSOCIATION (INC)
PO BOX 35, BYFORD WA 6122
ABN 83 310 453 720

Casual Player Insurance Waiver

In the event of any injury upon myself, at training, in a game or any club event,
I.....(your name here), of
.....(address)
waive my right to make claim upon North Murray Diamond Sports Association Inc.
(NMDSA) or any of its office bearers.

I understand that as a 'Casual Player' I do not satisfy the status of 'Member' for the
purpose of the club's insurance.

Team:

Coach:

Signed: Date:

Print Name:

Witness: Date:

Print Name: