

Richlands Midget Football League, Inc.



Waiver of Liability of Dissemination of Information

Applicant's Name (Print): _____
Last First Middle

Applicant's Current Physical Address: _____ City: _____ State: _____ Zip: _____

Applicant's Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different)

Date of Birth: _____ Gender: Male Female

I, _____, authorize and give consent to the Richlands Midget Football League, Inc.,
(Applicant's Name Printed)

to obtain information regarding myself. This includes the following:

- Criminal Background Check
- Sex Offender History

I, the undersigned, authorize this information to be obtained in writing. I understand that the results and information included on the background check are not intended for public release. I, hereby, waive any claim for dissemination of this information and release the Richlands Midget Football League, Inc. and their agents, successors, or assignees of any and all liability affiliated with, or in acquiring, handling, or storage of this information.

Applicant's Signature: _____ Date: _____