

**NWSL PLAYERS' FUND APPLICATION FORM**

**I. Contact Information**

	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Name:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please provide any other names you have gone by:**

**Current mailing address:**

<b>Present Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current email address:**

**Current phone number:**

**Please indicate whether you would prefer to be contacted by email or text message for purposes of setting up an interview:**

- ☐ Email
- ☐ Text Message

**II. League Specific Information**

**Dates of membership in NWSL:**

**Please list each team(s) for which you played:**

--

**Dates played for each team:**

--

**III. Nature of Complaint**

**NOTE:** This information will be maintained in a confidential manner consistent with reviewing the claim and administering the Fund.

**Please provide a summary of the misconduct you experienced.** Please be as specific as possible. To the best of your recollection, please include the date, time, and location of the misconduct, the team you were playing for at the time of the misconduct, the name and position of the individual(s) who engaged in misconduct, how long the misconduct continued, whether the misconduct is ongoing, and any other information that you believe may be relevant to the Administrator's assessment of your claim. Please feel free to attach as many additional pages as you wish to include.

--

**Have you reported or communicated with anyone (the League, a club, law enforcement, family, teammates, friends) about the misconduct described above? If so, please identify the individual to whom you made the report or with whom you communicated about the misconduct, describe the information you discussed, and the approximate date of the report or communication.**

**Please provide the name(s) and position(s) of any individuals who witnessed the misconduct (these individuals may be contacted if the Administrator determines it necessary):**

**Please describe any harm you experienced because of the misconduct:**

**IV. Supporting Information**

To assist in the Administrator's assessment of claims, the Administrator will review any supporting documents submitted by a claimant in connection with the application.

**NOTE:** You do not need to provide supporting documents for your claim to be reviewed.

**Please attach any supporting documents to your application.**

**V. Authorizations**

I authorize the Administrator to request files or information related to any prior complaints or reports of misconduct I made to the League if she determines them necessary to evaluate my claim:   ☐ Yes     ☐ No

**NOTE:** No negative inference will be drawn if you choose not to provide authorization for the Administrator to request files or information related to any prior complaints or reports of misconduct you made to the League.

I authorize the Administrator to share information related to my claim with the League if she determines it is necessary in order to address or prevent ongoing misconduct or conduct by current League or club personnel:   ☐ Yes     ☐ No

**NOTE:** Whether or not you provide this authorization, there are limited circumstances under which the Administrator may share information with the League about your claim in

order to address or prevent misconduct that is ongoing or was committed by current League or club personnel. Please see the notification letter for further information.

**VI. Legal Representative**

You do not need to retain an attorney to submit a claim, nor will any priority be assigned to a claim submitted by a claimant who has retained an attorney. **However, if you do have an attorney with regard to your claim, please provide their contact information.**

**Name:**

**Phone Number:**

**Email Address:**

**VII. Prior Litigation, Settlement or Adjudication**

**Have you filed any claim in litigation against any person or entity based on or related to the conduct forming the basis of your claim?**

☐ Yes

☐ No

**Have you received compensation from the League in any prior settlement or adjudication for the conduct forming the basis of your claim?**

☐ Yes

☐ No

If your answer is yes to either question, please explain:

### VIII. Signature

By signing this form, you affirm that all information provided is true to the best of your recollection.

**Signature:**

**Date**

*By submitting an application, you agree to allow the Administrator and the attorneys of her firm to evaluate your claim and for the Administrator to determine in her discretion whether you are eligible for compensation from the Fund, and if so, how much compensation you are eligible to receive. Submitting an application and participating in the process, including speaking with the Administrator and attorneys of her firm and/or submitting documents in support of your claim, does not guarantee compensation. If the Administrator determines that you are eligible for compensation, you will receive an offer and release, which you may accept or reject. You reserve the right to bring any claim you may have at law outside of the Fund process until you sign a release. If you sign a release, you waive the right to bring any claim that is covered by the release. You acknowledge that you understand that the Administrator and the firm of which she is a partner, Bracewell LLP, is not your attorney. By submitting an application, you are not entering into an attorney-client relationship with the Administrator or any other lawyers with Bracewell LLP. You agree to hold the Administrator, Bracewell LLP, the League, and any individuals associated with them harmless for any actions that they take in administering the Fund.*