



Flag Football Registration Form And Waiver of Liability



League Registration Fee: \$35/player
Multiple Children: -\$10 & Max. \$75/Family

First Name: _____

Last Name: _____

Home/Cell Phone #: _____

Email: _____

Gender: Male Female

Age as of 9/1/13: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Jersey Size:

YS ____ YM ____ YL ____ AS ____

AM ____ AL ____ AXL ____ AXXL ____

Parent Willing to Coach-Name: _____

In return for my child ("Participant") being allowed to participate in the NFL FLAG football program (the "Program"), I release and agree not to sue the National League, its member professional football teams, NFL Properties LLC, NFL Venture L.P., and their employees, sub-contractors, sponsors, agents and affiliates (collectively the NFL Entities) from all present and future claims that may be made by the Participant or me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the participant's participation in the program and caused by the ordinary negligence of the parties listed above wherever, whenever, or however the same may occur.

I understand and agree that the NFL Entities are not responsible for any injury property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, series injury. I am voluntarily allowing Participant to participate in the Program with knowledge of the danger involved and agree to accept all risks of such participation.

I certify that the Participant is in excellent physical health and may participate in strenuous and hazardous physical activities, including the football to be played in the Program. Permission is granted for participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless the NFL Entities for all claims arising out of Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in New York, NY.

Parent/Legal
Guardian Signature: _____

Last 4 Digits of Parent's SSN: _____ Date: _____

REGISTRATION DATES: July 5 – July 26