

**Tyjuan Hagler Foundation Event/Activity
Registration Form**

Event: _____

First Name: _____

Last Name: _____

Date of Birth: _____ **Age:** _____

Address: _____

City/Zip Code: _____

Primary Phone: (____) _____ - _____

Em. Phone: (____) _____ - _____

T-SHIRT SIZE:

___ SM

___ MD

___ LG

___ XL

___ XXL

___ XXXL

I certify that I and/or my child are in good health and capable of participating in all activities associated with the Tyjuan Hagler Foundation. Also, I hereby grant permission for the Tyjuan Hagler Foundation to take and use my (event participants) photographs and/or video for the use of marketing or public relation purposes. Further, by signing below, I agree to assume the risks associated with participating in any foundation event and release the Tyjuan Hagler Foundation, all staff, volunteers and its affiliates from all liabilities.

Name of Parent or Legal Guardian or Participant

Name of Parent or Legal Guardian or Participant

RELEASE AND WAIVER OF LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), on his/her own behalf and on behalf of his/her child or ward, and is given to, FUNdamentals Licensee, USA Football, Inc., a not for profit 501(c)(3) corporation ("USAFB"), Heads Up Football, LLC, the NFL Foundation, the National Football League, its member professional football teams and clubs, and their subsidiaries, affiliates, divisions, officers, agents, board members, employees, staff, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom USAFB is acting and those acting with USAFB's authority and permission (collectively as "Releasees").

THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL. Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the USA Football FUNdamentals clinic event ("Event"), hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Releasor or his/ her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Releasor or his/her child or ward in the Event.

The Releasor understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Releasor and the Releasor's Related Parties. The Releasor further understands, acknowledges and accepts that participation in the Event involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Releasor or his/her child or ward is voluntarily participating in the Event with full knowledge of the risks involved and accepts all risks of participation. The Releasor declares that the Participant is physically fit and has the requisite skill level to participate in the Event. The Releasor authorizes Clinic Sponsor, USAFB, and/or a party designated by USAFB to provide medical treatment to the Releasor or his/her child or ward, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges and accepts that he or she must provide his/her own medical insurance for the participant.

The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor's/participant's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation or limitation.

The Releasor understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect.

Parent Signature: _____ Date: _____
(Releasor-signature acknowledges receipt of document)

Parent Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Participant Name (please print): _____ Participant Age: _____

EMERGENCY CONTACTS

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____