



# ENTRY FORM AND RELEASE OF LIABILITY

In return for being allowed to participate in the NFL Gatorade Punt, Pass & Kick competition, I release and agree not to sue the National Football League, its member professional football teams, NFL Properties, Inc., and their employees, subcontractors, sponsors, agents, and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Event and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Event, even if caused by their ordinary negligence. I understand that participation in the Event involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Event with knowledge of the danger involved and agree to accept all risks of participation. I also agree to indemnify and hold harmless those listed above for all claims arising out my participation in the Event and all related activities. I agree to participate in only ONE Local Competition this year. I agree to let the above parties use my name, likeness, and demographic information free of charge in any manner and for any purpose. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this 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, New York.

(Signature of Parent/Legal Guardian)

Date



Print name

Family e-mail address (optional)

I am the parent or legal guardian of the Event participant. I am of legal age and am freely signing this agreement on behalf of the Event participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of myself, the Event participant, and his/her family, estate, heirs, and/or assigns.

Name of Participant

Address

City

State

Zip

Phone Number

 -  - 

Area code

Number

Birthdate

 -  - 

Mo.

Day

Yr.

Age as of December 31 of current year

M

F

Competition Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Person/phone: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Optional: In what other organized sports do you participate (please check all that apply)?

Baseball

Basketball

Hockey

Soccer

Volleyball

Other \_\_\_\_\_