Release and Waiver of Liability and Indemnity Agreement

			Date of Birth:			
Address:				City:	Zip Code:	
5						
					_ Home / Cell Phone Number: _ Home / Cell Phone Number:	
Parent Name.					_ Home / Cell Frione Number	
Grade level for coming year:	9 th	10 th	11 th	12 th		
program indicated below and/or	being perm	nitted to e	enter for	any pur	CAPPS 7 on 7 Tournament, Lineman Challenge and Kicking Clinic pose any restricted area (here in defined as any area where in legal guardian(s) of the minor participant named below agree:	
Lineman Challenge and Kickin anything is unsafe, the participa agree that, if at any time, I feel a TO PARTICIPATE further. 2. I/We fully understand and ack (a) There are risks and Kicking Clinic and acti	ng Clinic, had should in anything to mowledge to dangers a vities, which	ne/she sh mmediate be UNS/ that: ssociated ch could i	nould ins ely advis AFE; I w d with pa result in	pect the of ill imme articipation bodily in	cipant that prior to participating in TAPPS 7 on 7 Tournament, facilities and equipment to be used, and if he or she believes ficials of such condition and refuse to participate. I understand and diately take all precautions to avoid the unsafe area and REFUSE on in the TAPPS 7 on 7 Tournament, Lineman Challenge and highly, partial and/or total disability, paralysis, and death. In could result from these risks and dangers described above, could	
negligence of others, in (d) There may be other 3. I/We accept and assume such death, however caused and whe RELEASE, WAIVE, DISCHARGI managers, promoters, leases of consultants and others who give regarding TAPPS facility or even herein referred to as "Release" heirs and next to kin FOR ANY ATHEREFORE ON ACCOUNT OF TO PROPERTY, ARISING OUT PART BY THE NEGLIGENCE OF S. I/We HEREBY acknowledge to injury and/or death and/or proper MAY BE COMPOUNDED OR IN EACH OF THE UNDERSIGNED as broad and inclusive as is perrinvalid, it is agreed that the balar 7. On behalf of the participant ar Waiver and Release. If, despite to guardian(s) will reimburse the reharmless.	cluding, burisks not kan risks and ther cause E AND CO premises us recomments held at SEROM ALL COF ANY INJOF OR REFERSED further expirited by the comments release for IPPS to use	at not limit anown or responsited in whole VENANT used to condations, such facillat LIABILI ELATING LEASE COTIVITIES. Each of the law of notwithstall, the uner, the parany mone emy or need in the condess.	ited to, the are not reput to the provided to	ne release reasonathe loss hart by the OSUE. The TAPP of the EVENTE EVENTER EV	bly foreseeable at his time. des and/or damages following such injury, disability, paralysis or the negligence of the releases named below. 4. I/We HEREBY TAPPS facilities used by the participant, including its owners, PS or program, premises and event inspectors, underwriters, structions, to engage in risk evaluation or loss control activities them, their directors, officers, agents, employees, all for the purposes DERSIGNED, my/our personal representatives, assigns, executors, SSES OR DAMAGES AND ANY CLAIMS OR DEMANDS NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE T(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN T. NT (S) ARE VERY DANGEROUS and involve the risk of serious IGNED also expressly acknowledges that INJURIES RECEIVED UE OPERATIONS OR PROCEDURES OF THE RELEASEES. 6. Deregoing release, waiver, and indemnity agreement is intended to be State in which the event is conducted and that if any portion is held	
UNDERSTAND ITS TERMS, UNFREELY AND VOLUNTARILY W	IDERSTAN /ITHOUT A	ID THAT NY INDU	I HAVE JCEMEN	GIVEN NT, ASS	MPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT URANCE, OR GUARANTEE BEING MADE TO ME AND INTEND EASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED	
01 1 1 1 0 1 0 1 1 1					D. C.	
Student Signature:					Date:	
					Date: Date:	

Coach Signature: ______ Date: _____