



## **NFL FLAG FOOTBALL WAIVERS - LIABILITY WAIVER AND RELEASE AGREEMENT**

**Please print and fill out completely then bring a copy with your photo id and your child's birth certificate**

Please read carefully and be aware that in registering yourself and/or your ward to participate in this/these program(s), you will be waiving and releasing all claims of injuries, damages or loss, or claims your ward might sustain through participation in this/these program(s) .

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend Sponsor Me Inc Racers Football Organization (SPMERFO), the City of Fort Pierce and the City of Port St Lucie FL, its officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program. I for myself, my spouse, my child/ward, and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS.... The Sponsor Me Inc Racers Football Organization; its directors, officers, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or lose or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary of my or my ward's immediate care and agree that I will be responsible of repayment of any and all medical services rendered.

**Appearance Agreement:** I understand and grant permission to SPMERFO to include, use, produce and distribute any promotional material which may include videotapes, photographs, DVDs, postcards, online promotion, ad advertisement and web podcasting. Therefore without reservation or limitation, I, in my own behalf, hereby assign and transfer the exclusive right to use my name, face, voice, likeness, and appearance, as a part of the event, in advertising and promoting, the event and similar future events. I further understand that neither SPMERFO nor any third party is under obligation to exercise any of the forego-ing rights, licenses and privileges. I, in my own behalf, waive any right to inspect or approve any material related thereto. Signing this form also gives us permission to use photos and videos of you or your kids etc.

**Medical Release:** I, in my own behalf, acknowledge and agree that such participation subjects participant to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf, acknowledge that the participant is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize SPMERFO, to obtain necessary medical treatment and hereby in my own behalf, release and hold harmless SPMERFO as well as any and all the respective directors, officers, representatives, members, agents in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain during the event and while traveling to and from the site for the event.

**Insurance/Medical/Emergency Contact Information:** I represent that any medications to which I am allergic or currently taking are listed below. I agree that I shall bring any necessary medications which I am currently taking to the event and that only prescribed dosage shall be consumed. SPMERFO will not administer or supply any type of medication at the event.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Doctor Name \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing up.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. This form is an important legal document that explains the risks you are assuming by beginning an Football Program. It is critical that you have read and understand this document completely.

**UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a parent/guardian of the participant.

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**