



Saturday, August 9, 2014 Rain or Shine  
 Cosmo Park Football Field #4  
 Check-in at 9:30am, competition starts at 10am  
 For boys and girls ages 6-15  
 Copy of birth certificate/baptismal record required  
 Return entry forms to 1 S. 7th St. or 701 E. Ash St.



**Absolutely no cleats, football shoes or turf shoes can be worn. Only soft-soled gym/running shoes are allowed.**  
 Call (573)874-7460 or email cdcross@gocolumbiamo.com for more info.

In return for being allowed to participate in the local, sectional, Team Championship, and/or National NFL Punt, Pass & Kick competition(s), (collectively, the "Event"), I release and agree not to sue USA Football, Inc., the National Football League, its member professional football clubs, NFL Properties LLC, NFL Ventures, L.P., and their respective subsidiaries, affiliates, employees, subcontractors, sponsors, licensees and agents (collectively, the "Releasees"), 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, wherever, whenever, or however the same may occur even if caused by a Releasee's ordinary negligence. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Event. I understand that participation in the Event involves certain risks, including, but not limited to, serious injury. 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 including, but not limited to, first aid and/or other medical treatment.

I agree to participate in only ONE Local Competition this year and if I qualify I may advance to the sectional, Team Championship, and National Finals. I understand the Event may be photographed, videotaped or otherwise recorded. I agree to let the Releasees use my name, photo likeness, and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created. I consent to the administration of first aid and other medical treatment in the event of injury or illness. 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 Indianapolis, Indiana, using Indiana law.

Name of Participant \_\_\_\_\_

Email Address of Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Age as of December 31, 11:59 PM of current year \_\_\_\_\_ Male/Female \_\_\_\_\_

(If Participant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above, the following waiver:)

The undersigned, \_\_\_\_\_, referred to as the parent(s) and natural guardian(s) or legal guardian(s) of \_\_\_\_\_, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to indemnify, save and hold harmless each and all of the parties herein referred to above as Releasees from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

\_\_\_ Check here if you would like receive information and offers from the NFL or any of its affiliates, sponsors or licensees

\_\_\_ Check here if you would like your child to receive youth-related information and offers from the NFL or any of its affiliates, sponsors or licensees