



**2009 ENSHRINEMENT YOUTH FOOTBALL CLINIC  
ENTRY FORM**

**Saturday, July 18, 2009**  
**Ages 5-9 from 2:00 p.m. – 3:00 p.m.**  
**Ages 10-14 from 3:00 p.m. – 4:00 p.m.**

**CHILD ONE:**

Name \_\_\_\_\_

Gender M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Youth T-shirt size \_\_\_\_\_

**CHILD TWO:**

Name \_\_\_\_\_

Gender M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Youth T-shirt size \_\_\_\_\_

**CHILD THREE:**

Name \_\_\_\_\_

Gender M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Youth T-shirt size \_\_\_\_\_

**PARENT INFORMATION:**

Address \_\_\_\_\_

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

e-mail \_\_\_\_\_ Phone \_\_\_\_\_

**RELEASE AND WAIVER CLAIM:**

Parents please read carefully before signing and dating the Release and Waiver Claim. The undersigned, do hereby and for my heirs, executors, administrators, and successors and assigns release, acquit and forever discharge the College Football Hall of Fame and their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships of any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has or which may occur during such time or times that my **child or ward** (circle one)

\_\_\_\_\_ may participate in the Enshrinement Youth Football Clinic listed above sponsored by the College Football Hall of Fame and operated by their employees or agents, sponsors; or during such time or times that I may be in the company of such employee's agents, carrying out their duties in the course of their official rules.

The undersigned also understands that photos, videos, or other recordings of their child/ward may be taken at this event and be used in future print and or web publications of the College Football Hall of Fame, their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships that he/she might have resulting from any bodily or personal injuries and property damage, and any consequences resulting from any accident which might occur, or be caused by the negligence or gross negligence of the College Football Hall of Fame, and their agents.

Also, I agree that during the Youth Clinic I will remain OUTSIDE the clinic area and remain on the sidelines and that at NO TIME will I enter the area where the clinic is held. At NO TIME will I seek autographs from any of the participants. If I were to violate any of these rules I understand that myself and my child will be escorted out of the clinic area.

The undersigned has read the foregoing Release and Waiver of Claim and fully understand (s) it.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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