

BROWN BOMBERS
FREE SKILLS CLINICS 2010
P. O. Box 880697, SF Ca 94188 415-820-1516
Waiver & Release of Liability Agreement

Please read and sign this form before allowing the participant to take part in the SF Brown Bombers Football Skills Camp. By signing this agreement, the participant & parent/guardian affirms having read and understood it and is in agreement with its contents. IN CONSIDERATIONS of my involvement in the activities under the S.F. Brown Bombers & SF Park & Recreation Department I,

(Participant's name), acknowledge, appreciate and agree that: Parent/Guardian _____

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency.

I hereby hold the S.F. Brown Bombers & SF Park & Recreation Department harmless for any/all injuries or damages for the above child's participation in the clinic activities.

I understand that a photographer may be present during the Brown Bomber Free Football Skills Clinic I Skills Camp and my child's photo may be taken for publication and/or advertising purposes.

I do for myself, my heirs, executors and administrators, remise, release, waive and forever discharge the S. F. Brown Bombers & SF Park and Recreation Department as well as any and all volunteers.

I release all of SFBB, its officers, agents and employees, acting officially or otherwise, from all claims demands, actions, or causes of action, because of any injury, death or property damage, which may occur at any time or for any cause during participation in the S.F. Brown Bombers Free Football Skills Clinic. .

FOR ALL PARTICIPANTS OF MINORITY AGE:

This is to certify that I/we are parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his release, but also for myself/ourselves, and my/our heirs, assignees and next of kin to release and indemnify the S.F. Brown Bombers & SF Park and Recreation Department from any and all liability incident to my/our minor child's involvement as stated above.

I have read this Release of Liability and Waiver Agreement. I fully understand its terms and I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: _____

Date: / /2010

(ALL MINORS MUST HAVE PARENT'S SIGNATURE)

Parent/Guardian Signature _____

Print Name: _____