

# 2018 FOOTBALL CLINIC LIABILITY RELEASE



**Event: Urban Impact Foundation 2018 Football Clinic held on June 5, 2018.**

**LIABILITY RELEASE/WAIVER: In consideration of my right to participate in the Event, I agree as follows:**

- 1. I acknowledge that my participation in the Event involves the risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and other harm connected with my participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to my illness or injury in connection with the Event.
- 2. I acknowledge that the Event may involve strenuous and hazardous physical activities** and I certify that I am in excellent physical health and have no physical limitations that would prevent me from participating in the Event. I grant permission to the Clinic Parties (defined below) to provide me with emergency medical treatment if needed.
- 3. I release and agree not to sue the National Football League, its thirty-two (32) member professional football teams, NFL Properties LLC, NFL Ventures L.P., the Pittsburgh Steelers LLC, Urban Impact Foundation, Oliver Citywide Academy, Perry High School, and their elected and appointed officials, officers, directors, employees and volunteers, all boards, commissions and authorities and including board members, employees and volunteers, subcontractors, sponsors, agents, affiliates, subsidiaries, shareholders (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.
- 4. I understand that the Event may be photographed, videotaped or otherwise recorded, and I agree to let the Releasees use my name, likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter developed, including online social media like Facebook.**
- 5. I acknowledge that I have read the Release, fully understand its contents and have signed below of my own free will.**

## **REQUIRED INFORMATION (Please Print!)**

Name of Youth Participant	
Participant Street Address	
Participant City, State and Zip Code	
Participant Date of Birth	
Grade (current school year)	
School (current school year)	
Name of Parent/Guardian	
Parent/Guardian Cell phone or Contact Number	

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

**PLEASE MAIL TO: Urban Impact Foundation, 801 Union Ave., 4<sup>th</sup> fl., Pittsburgh PA 15212**