

**FREE Ages 3-11**



**play60**



**Join the AFL/NFL  
PLAY 60 Movement**

**Sunday, June 25, 2017**

**11:00 am—3:00 pm**

**REGISTRATION starts @ 11:00AM**



**\*Complete form on the back**

Fax to: (909) 873-9593  
or submit to  
290 W. Rialto Ave., Rialto, CA

Attn: Barbara McGee  
**FOR MORE INFORMATION CONTACT**  
(909)816-8801 or (909) 820-2519

[athletesforlife.org](http://athletesforlife.org)

**Location:**  
**California State**  
**University of San Bernardino**  
5500 University Parkway  
San Bernardino, CA



## ENTRY FORM AND RELEASE LIABILITY

In return for being allowed to participate in the Athletes for Life Play 60 camp, I release and agree not to sue Athletes for Life Foundation, its member and coaches 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 and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damages arising out of the Event, even if caused by their ordinary negligence. I understand that participation in the Event involves certain risks, including, but not limited to, serious injury and death. 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 of my participation in the Event and all related activities. I agree to let the above mention parties 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 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 proceeding related to this waiver will take place in Santa Barbara, California.

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent/or Guardian)

Print

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

I am the parent or legal guardian, of the Event participate. I am of legal age and am freely signing this agreement on behalf of the Event participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of me, the Event participant, and his/her family, estate, heirs, and/or assigns.

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

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### Medical Information

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical/ Accident Ins. \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_ Allergies \_\_\_\_\_

Submit Now