



STUDENT ATHLETE REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Emergency Number: _____

Email Address: _____

DOB (MM/DD/YYYY): _____ / _____ / _____ Current Classification: _____

Height: _____ Weight: _____

School/Team: _____ Current GPA: _____

Position(s): Offense - _____ Defense - _____

Head Coach: _____

In return for my child (the "Student Athlete") being allowed to participate in the Louisiana ELITE 7-on-7 programs (the "League"), I release and agree not to sue Louisiana ELITE 7-on-7, Louisiana Youth Football, its coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by the Student Athlete or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Student Athlete's participation in the League 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 damage arising out of the League, even if caused by their ordinary negligence. I understand that participation in the League involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Student Athlete to participate in the League with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Student Athlete is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the League. Permission is granted for the Student Athlete to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of the Student Athlete's participation in the League and all related activities. I agree to let the parties use the Student Athlete's name and likeness free of charge in any manner and for any purpose without compensation to the Student Athlete or me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Student Athlete. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on the child and me. I also hereby acknowledge that I have read and understand the League's Membership Policies.

Parent/Legal Guardian Signature: _____ Date _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____ my minor child/ward ("Student Athlete"), being allowed to participate in any way in the Louisiana ELITE 7-on-7, Louisiana Youth Football program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to Student Athlete from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for Student Athlete's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation; and,
4. I myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Student Athlete's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:



AGREEMENT TO WAIVER OF CLAIMS AND LIABILITY RELEASE

In consideration of his acceptant as a Participant in the NFL High School Player Development Program (hereafter the "Program"), the undersigned Participant (hereafter "Participant") and Participant's parent(s) or legal guardian(s) agree to the following Waiver of Claims and Liability Release (hereafter the "Waiver and Release"), which will cover events occurring from the time the Participant commences his participation in the Program until the termination of his participation therein.

WAIVER OF CLAIMS AND LIABILITY RELEASE

It is the intent of the undersigned Participant and his parents or legal guardians to release the NFL Youth Football Fund, National Football League ("NFL"), NFL Properties LLC, NFL Ventures L.P., the Member Clubs of the NFL and each of their respective affiliates, officers, directors, agents, sponsors (including, but not limited to the United States National Guard), and employees (collectively the "NFL Entities") from any claims or liability to the fullest extent possible under the law, as such the undersigned hereby agrees as follows:

1. WE UNDERSTAND AND HEREBY ACKNOWLEDGE THAT THE GAME OF FOOTBALL IS A FULL-BODY CONTACT SPORT THAT PRESENTS THE INHERENT RISK OF SERIOUS BODILY INJURY, AND OUR WAIVER AND RENUNCIATION OF CLAIMS IN THIS AGREEMENT EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE, OR ACCIDENT THAT MAY BE SUFFERED BY PARTICIPANT OR OTHERS RESULTING FROM THE PARTICIPANT'S PARTICIPATION IN THE GAME OF FOOTBALL IN CONNECTION WITH THE PROGRAM.
2. We the undersigned, as a Participant in and the parents or legal guardians of a Participant in the Program, hereby waive and renounce any claims against the NFL Entities participating in the Program, including without limitation any claims based on negligence, for any injury to the Participant or others, loss damage, sickness, accident, delay, or expenses of any kind whatsoever resulting from the Participant's participation in the Program.
3. We also agree to hold harmless the NFL Entities from any and all claims arising out of the equipment or uniform supplied to Participant for use in the Program, or the equipment or other materials used by Program staff in implementing the Program.
4. We understand and acknowledge that the NFL Entities do not guarantee the security or safety of Program sites, of the areas adjacent to and surrounding Program sites, or of any areas Participants may traverse on their way to or from Program sites. We release the NFL Entities from any and all claims arising out of accidents or events caused by a Participant or third parties not associated with the Program, which incidents could occur on Program sites, in areas adjacent to or surrounding Program sites, or in areas traversed by Participants traveling to our Program sites. We further release the NFL Entities from liability for any damage or injury that may occur as a result of the surface or condition of the Program site itself (e.g. the football playing field), or the condition of facilities or equipment used at the site.
5. We recognize that the Participant must obey the instructions of coaches, their assistants, and any other Program staff, and we have instructed the Participant to obey said coaches and other Program staff. We understand and acknowledge that the Program staff and NFL Entities reserve the right to terminate the participation in the Program of any Participant whose conduct may be considered by the NFL, in its sole discretion, to be detrimental to or incompatible with the interests and security of the Program or the NFL Entities. In the event of any such action by the NFL, we understand and acknowledge that we will have no right to any compensation or damages from the NFL Entities.
6. We represent and confirm that the Participant has undergone, or will undergo prior to commencement of his participation in the Program, a full and comprehensive physical examination administered by a Board-certified physician who will supply to the NFL or its designated representative a letter certifying, on the basis of aforementioned physical examination, that the Participant is physically fit to play the game of full-contact football and otherwise to participate in the Program. We further confirm that we have executed, or will execute prior to



NAME: _____

ADDRESS: _____

AGE: _____ PHONE #: _____

EMAIL ADDRESS: _____

1. Did you find the information included in the HSPD Student Planner helpful?

Yes No Maybe

2. Is the HSPD Student Planner something you will use?

Yes No Maybe

3. How many years have you been playing tackle football? _____

4. Do you feel that your football skills improved after completing the HSPD program?

Yes No Not sure

4. If eligible, would you attend another HSPD camp next year?

Yes No Not sure

5. Do you plan to attend college?

Yes No Not sure

If YES, do you plan to play college football?

Yes No Not sure

6. If attending college next year please indicate school name, city and state.



Yes! I would like to be contacted by a Recruiter to learn more about how I can "Own My Future" in the National Guard.

Checking this box does not obligate you to join. It's just a chance to check us out and learn more about the amazing opportunities in the Guard.