



Waiver Form  
"FIRST PLAY 2011"



Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ (Must be between 6-17 years of age)

**WAIVER AND RELEASE OF LIABILITY**

In return for being allowed to participate in the Pro Football Hall of Fame Football Celebration (referred to as the "Event"), I release and agree not-to-sue the National Football League, its member professional football teams, NFL Properties, Inc., the Pro Football Hall of Fame, and their officers, directors, employees, sub-contractors, sponsors, agents and affiliates 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 damage 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 my participation in the Event and all related activities. I agree to let the parties use my name, likeness and demographic information free of charge in any manner and for any purpose. 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 proceedings related to this waiver will take place in Canton, Ohio.

\_\_\_\_\_  
(Signature of Participant) Date

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.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian if Participant is Under 18) Date

I am the parent or legal guardian of the Event participant. 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 myself, the Event participant and his/her family, estate, heirs, and/or assigns.

Please do not send this form to the Hall of Fame. Completed waiver must be turned in the morning of the event to the committee representative at the station in which you are assigned.