Liability Release and Indemnity Agreement

Event: 2018 PCA 7-on-7 Tournament **(the "Event")**   **Date:** June 12, 2018

Student's Name: (the "Student") __________   **School Name:_____**

Address:_____

Email: _____ **Phone** (_____)_____ **Age**: _____

In consideration of Positive Coaching Alliance (PCA) allowing the Student to participate in the Event (7on7 tournament), the undersigned agrees as follows:

1. **I certify that I am the parent or legal guardian of the Student**. I authorize the Student to participate in the Event.

2. **I acknowledge that the Student's participation in the Event involves the possible risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and any and all other harm connected with or arising out of the Student's participation in the Event. I acknowledge that I am responsible for any and all medical expenses resulting from the Student's illness or injury in connection with or arising out of the Student's participation in the Event.

3. **I acknowledge that the Event may involve strenuous and hazardous physical activities.** I certify that the Student is in excellent physical health and has no physical limitations that would prevent the Student from participating in the Event. I grant permission to the Event Parties (defined below) to provide the Student with emergency medical treatment if needed.

4. **INDEMNITY AND RELEASE**. I hereby indemnify, hold harmless and release the Team, any sponsor or corporate partner of PCA or the Event or any other persons or entities associated with the Event, the Positive Coaching Alliance, City of Pearland (including reasonable attorneys' fees), including personal injury or property damage suffered by the Student in connection with the Student's participation in the Event, including, without limitation, claims occasioned wholly or in part, by any act, omission or negligence of an Event Party that may arise out of the organization, design, supervision and execution of the Event or any other activities related thereto.

5. I authorize the Event Parties to take videotapes and photographs of the Student and to record the Student's voice, conversation and other sounds during and in connection with the Event. I acknowledge that the Event Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or the Student. I authorize the Event Parties to use the Student's name, voice, likeness, and any biographical facts provided to the Event Parties in advertising and promoting the Event or any National Football League game or event without further compensation.

6. I acknowledge that I have read this Liability Release and Indemnity Agreement, fully understand its contents and have signed below of my own free will.

Signature: Date: _____
(Parent or guardian)

Print Name: _____ Date:_____