

EMERALD CUP

AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

WARNING: You are signing an agreement. By signing, you are agreeing that the Emerald Cup (EC), its employees and all affiliations / sponsors will not be responsible for any injuries which your child/ward may suffer while participating in the Emerald Cup (EC).

I certify that I am the parent/guardian of _____(please print). I certify that I have read the above warning and understand that the EC will not be responsible for any injuries my participant may suffer while playing, participating, or practicing the sport of football.

I also certify that I have read aloud to my child/ward the following warning and that I, as a parent / legal guardian, understand the dangers of practicing and competing in football:

Football can be dangerous. Injuries may result to your neck, back, brain, arms, legs, or other parts of your body. All injuries are painful, and some injuries are permanent, limiting your ability to play, have fun or work in the future.

If you are injured, you will not be able to blame or hold liable the EC and the EC will not be responsible for your injuries. You and your parent or legal guardian assumes all risks of injury to yourself.

In consideration of the EC permitting my child/ward to participate in the EC, I release and agree to hold the EC, its employees, agents, representatives, coaches and volunteers harmless from any and all losses and liabilities which may arise in connection with my child's/ward's participation in the EC activities, competition or those related to it. This includes injuries suffered by my child/ward and injuries caused by my child/ward, which results in actions or demands of any kind against the EC.

My child/ward has medical insurance coverage for participating in the EC. There are no conditions that my child/ward may have that may be a risk of injury to him/her or other participants unless stated on the bottom of this form. I can also verify that my child/ward has a current physical examination on file with his/her physician. When a current physical examination is not in the possession of the student's physician a current physical form must be attached to this form.

YES -We have medical insurance and a current physical exam is on file at the student's physician

NO -Explain:

This document shall serve as a release for my child / ward, myself, and our heirs, estate, successors and all members of our family. I have signed this document voluntarily, with full understanding, under penalty of perjury under the laws of the State of Washington.

_____ (Signature of Parent / Guardian) DATE: _____, 2006

I have reviewed the above warning with my parent/legal guardian and understand that the EC will not be responsible for any injuries I may suffer while participating in the EC. I promise to obey all instructions given by the coaches and associates and to follow all rules and safety precautions. I assume all risks of injury knowing that football, like all physical activities, has the potential to be dangerous.

_____ (Signature of Participant) DATE: _____, 2006