



**TO REGISTER ONLINE VISIT:  
WWW.PATRIOTSALUMNI.COM**

PROUDLY PARTNERING WITH



# FREE - 1 DAY NON-CONTACT FOOTBALL CLINIC

OPEN TO BOYS AND GIRLS AGES 9-14 OF ALL SKILL LEVELS COACHED BY FORMER PATRIOTS PLAYERS

# NEW BEDFORD

## PARENTAL/GUARDIAN INFORMATION:

First Name

Last Name

Phone Number

Email

Street Address

City

State

Zip Code

## CHILD'S INFORMATION:

First Name

Last Name

DOB

CHILD'S SCHOOL

**FRIDAY  
May 22, 2015**

Registration: 3:00pm  
Camp Start Time: 4:30pm  
Dinner: 7:00pm  
Camp Ends: 7:30pm

New Bedford HS  
230 Hathaway Blvd  
New Bedford, MA 02740

This waiver / release of liability must be consented to (see box below) before the student begins participation at the CITY/TOWN clinic. Students without this waiver on record will not be allowed to participate. Parental / Guardian consent: I am the parent or legal guardian of the above named applicant and verify that he / she is in good health and has my permission to participate in the 2014 CITY/TOWN Public Schools / New England Patriots Alumni Club / The New England Patriots Charitable Foundation Football Clinic. In return for my child being allowed to participate in the Clinic, I agree to indemnify and hold harmless the City of CITY/TOWN, any individual working on behalf of CITY/TOWN Public Schools, the National Football League, its member professional football teams specifically including but not limited to the New England Patriots football team, NFL Properties LLC, NFL Ventures LP, New England Patriots LP, NPS LLC, NEPAC, Inc., Foxboro Realty Associates LLC, and their respective divisions, members, partners, owners, directors, employees, shareholders, subcontractors, sponsors, attorneys, agents, representatives and affiliates and all their successors and assigns, and all others in any way associated with the Clinic 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 or gross negligence of any 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 Clinic, even if caused by any of their ordinary negligence or gross negligence. I understand that participation in the Clinic involves certain risks, including, but not limited to, serious injury and death. I am voluntarily allowing my child to participate in the Clinic with knowledge of the danger involved and agree to accept all risks of participation in the Clinic and all related activities. I give my consent for my child to be administered first aid and / or treated by an emergency medical technician / paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a local hospital is authorized. I hereby give consent for my child to be interviewed and / or photographed by the media. I further agree to let the above parties use my child's 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 law of the state in which the Clinic is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

## PARENTAL/GUARDIAN SIGNATURE

By signing this you confirm that you have read and agree to the terms of the parental/guardian consent.

