



# FOOTBALL CLINIC

FEATURING  
DALLAS COWBOY LEGENDS:

Tony Hill      Everson Walls  
Larry Brown      Billy Joe DuPree

**SATURDAY, JUNE 8TH, 8:30AM-11:30AM**

Port Isabel High School  
18001 State Highway 100  
Port Isabel, TX 78578

Check in 7:30am, Ages 8-17 years old

\*Only first 400 participants will be registered



## REGISTRATION

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Is this your first time playing?**

YES     NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WAIVER OF RESPONSIBILITIES

The undersigned, being the parent or guardian of \_\_\_\_\_, desires that he or she participate in the Noble Charities Football Camp hosted by Noble Charities Foundation, a nonprofit organized and existing under the laws of the State of Texas, and acknowledges that there are dangers and risks of personal injury, death or property loss or damage inherent in these activities. Knowing and acknowledging this, the undersigned hereby, on behalf of [his/her] child, freely assumes any and all risks of bodily injury, death, or property loss or damage associated with these lessons, classes, events, and other programs.

The undersigned, in consideration of the opportunity for his or her child to participate in these lessons, classes, events and other programs, and for other good and valuable consideration, does hereby FOREVER RELEASE AND DISCHARGE Noble Charities Foundation, its members, directors, employees and agents, and any and all owners of property on which these lessons, classes, events or programs are held, and does hereby indemnify and hold each of them harmless, from and against any and all claims, actions, causes of action, liability, damages, expenses and/or personal injuries and/or property damage and/or death arising out of or resulting from any lessons, classes, and other events and programs offered by Noble Charities Foundation.

In the event the undersigned cannot be contacted through reasonable efforts, the undersigned does hereby empower and grant to Noble Charities Foundation or [his/her] representative permission to consent to and authorize medical and hospital care and treatment for the above child. This authorization shall be valid from the date hereof through December 31, 2019. The undersigned does hereby indemnify and hold harmless the physicians, hospital and any others who act in reliance upon this authorization.

The undersigned further agrees to allow Noble Charities Foundation to use photos of his or her child in any printed and electronic publications without compensation to the undersigned. Photos taken on Noble Charity Foundation cameras are the property of Noble Charities Foundation and may not be used for any publication purposes without written permission from Noble Charities Foundation.

The undersigned further declares and represents that no promises, inducements or agreements not herein express have been made, that this Hold Harmless Agreement, Waiver and Release contains the entire agreement between the parties, and that this Hold Harmless Agreement, Waiver and Release shall be binding on the undersigned and his or her estate, heirs, executors, personal representatives, successors and assigns.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_