



**2018 FALL – FLAG FOOTBALL PROGRAM AT POWHATAN CAMPORAL
REGISTRATION FORM**

Parent/Guardian _____ Address _____ City/St/Zip _____ Primary Phone _____ Email _____	Participant's Name _____ Birth Date _____
---	--

Liability/Medical Waiver & Model Release:

I certify that my child(ren) is/are in good health and has my permission to participate in the i9 Sports program. In case of medical emergency, I authorize i9 Sports personnel to seek medical emergency care for my child. I understand that participation in the program involves certain risks, including but not limited to, serious injury. I hereby assume all of the risks and hazards incidental to my child's participation in i9 Sports activities, and I do hereby waive, release and absolve i9 Sports Corporation, Game Zone LLC, owners, directors, playing field providers, instructors, assistants, counselors, volunteers and participants, from any claim arising out of injury to my child or wrongful death arising as a result of child's participation in the i9 Sports program. I also agree to indemnify and hold harmless those listed above for all claims arising out of my child(rens) participation in the program and all related activities. I further understand and agree that those listed above are not responsible for any injury or property damage arising out of the program, even if caused by their negligence. I also understand that i9 Sports participation in this program is limited to on-field sports activities at the Powhatan Camporee on Saturday, September 29th.

I represent that I am a parent/legal guardian to the child(ren) named above and I agree that the grant and release contained therein binds me and the minor to all of the terms.

Parent/Legal Guardian _____ Date: _____