

# 2017 HSFN Medicomp 7on7 Team Registration Form

Name of School: \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

How many players will you be bringing to the tournament? \_\_\_\_\_ (20 max)

How many coaches in addition to yourself will you bring to the tournament? \_\_\_\_\_ (4 max)

**Official deadline to submit your registration form and payment is June 2nd, 2017.**

**Please register early to be guaranteed one of only 32 spots.**

Please enclose your \$350 entry deposit with this form and return it to High School Football Network, P.O. Box 376, Magee, Ms. 39111. You can write a personal check or enclose a school/booster club check.

Powered by:



# WAIVER OF LIABILITY

This Agreement made this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between Livin' Tha Dream d/b/a High School Football Network, a limited liability corporation doing business at 301 8<sup>th</sup> Avenue SW, Magee, Mississippi 39111, herein referred to as "Company," and \_\_\_\_\_ (First/Last Name), who resides at \_\_\_\_\_ (street address, city, county, state, zip code), hereinafter referred to as "Participant."

For and in consideration of being allowed to participate in fitness classes and conditioning activities at Company including, but not limited to, weighted resistance exercises, conditioning, strength training, running and/or walking on a treadmill, aerobic fitness exercises and calisthenics such as pushups, pull ups, sit-ups, or any other type of exercise the undersigned Participant does hereby release Company, its directors, agents, officers, and employees from any liability which may or could occur by reason of any personal injury or property damage suffered by me regardless of the cause or alleged cause of such personal injury or property damage.

I understand that I will be voluntarily participating in activities which may expose me to some level of risk or injury, and I represent that I am aware of the nature of these activities and agree to accept any and all risks associated with my participation in these activities.

I represent that I am in good physical health, and that unless I notify Company in writing that I am unable to participate in an activity due to some physical or mental considerations, I will be allowed to participate in all activities of Company. Furthermore, in consideration of Company allowing me to participate in these activities, I agree to hold Company harmless and indemnify it and its directors, agents, officers, and employees against loss (including reasonable attorney's fees) from any and all claims of negligence, demands, rights, or causes of actions of any kind or nature that may hereafter at any time be made or brought by me or on my behalf for any known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me as a direct or indirect result of participating in the aforementioned activities or while in, on, or upon the premises where the session is being conducted.

## CAUTION: READ BEFORE SIGNING

By signing below, I acknowledge that I understand that I am entitled to have an attorney of my own choosing to review this release prior to signing. I have read the foregoing release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of negligence as defined above resulting from my participation in the activities described above by Company

Witness my signature as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

IF PARTICIPANT IS MINOR:

PRINT MINOR'S NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_  
RELATIONSHIP TO MINOR