# RELEASE

Name: _____

Address: _____

Phone#(s): _____

**Email:** _____

I accept full responsibility for any injury incurred during the Joy Fund Charity Bowl practices and game. I acknowledge that the sport of football is inherently dangerous and that significant injuries including death may occur as a result. I understand that I will not be reimbursed for any expenses for hospital or health care and I must provide my own insurance. I will not be compensated for missed work due to injuries. I will not hold The Virginian-Pilot Joy Fund, its employees or coordinators of the Charity Bowl responsible for any injury I incur during the Charity Bowl game.

I agree to return the issued Jersey at the conclusion of the Charity Bowl game. The issued Jersey is property of The Joy Fund Charity Bowl and if not returned, I will be prosecuted to the full extent of the law and will no longer be eligible to play in future Charity Bowl events.

**Jersey Number issued:** _____

By signing below I agree to the above terms and conditions.

_____

Signature

STAFF USE ONLY

Team: _____ Jersey Number issued: _____

# of tickets issued: _____ Paid for with: _____
(cash, check, other)