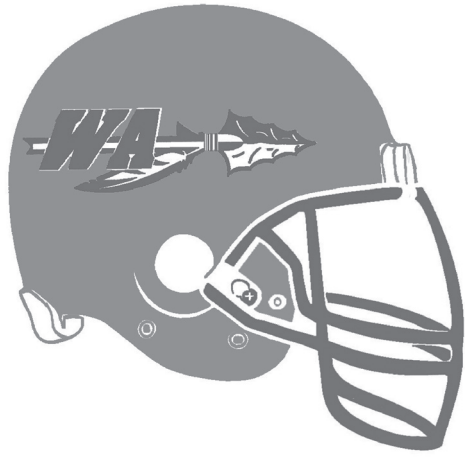


Please fill out and return BOTH sides



# 2015 WARRIOR PRIDE FOOTBALL CAMP REGISTRATION FORM

9:00 a.m. - 11:00 a.m. • Lunch 11:00 a.m.  
(Please be there at 11:30 a.m. for pick-up)

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

West Pittston Rams    Exeter Panthers    No Affiliation

-----  
Offensive Position: \_\_\_\_\_ Running Back   \_\_\_\_\_ Lineman

(check one)   \_\_\_\_\_ Receiver   \_\_\_\_\_ Quarterback

Defensive Position: \_\_\_\_\_ Defensive Back   \_\_\_\_\_ Lineman

(check one)   \_\_\_\_\_ Linebacker

-----  
T-shirt Size: \_\_\_\_\_ Youth Medium   \_\_\_\_\_ Youth Large

(check one)   \_\_\_\_\_ Adult Small   \_\_\_\_\_ Adult Medium   \_\_\_\_\_ Adult Large

\_\_\_\_\_ Adult X-Large   \_\_\_\_\_ Adult XX-Large

-----  
Parent/Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

(where parent/guardian can be reached from 9:00 a.m. to 11:00 a.m.)

Parent Email: \_\_\_\_\_

(optional for further Warrior news)

*Parents are  
welcome to stay  
and observe  
during the camp*

*Return this form to your West Pittston Rams or Exeter Panthers representative or mail to:*

**Independent Graphics, Inc., P.O. Box 703, Pittston, PA 18640 – Attn: BIKES**

**DONATION: \$10 – Make check payable to Wyoming Area Football Alumni Association  
T-SHIRTS FOR THE FIRST 125 PAID CAMPERS**

*For more information, please visit [www.wyomingareafootball.org](http://www.wyomingareafootball.org)*

**Please fill out and return BOTH sides**

Wyoming Area Football Alumni Association, Inc. ("WAFAA") Warrior Pride Camp  
July 24, 2015

**WAIVER AND RELEASE**

I, the undersigned, am about to voluntarily participate in the football camp sponsored by WAFAA (the "Event"). **I hereby acknowledge that WAFAA requires that I, as a condition of participating in the Event, execute this Waiver and Release, the consequence of which will preclude any lawsuits or claims of any nature against WAFAA and/or the other parties identified below in the event that I or my child is injured or harmed in any way.**

INTENDING TO BE LEGALLY BOUND, and in consideration of my child being allowed to participate in the Event, I do, by signing this Waiver and Release, for myself and my heirs, children, personal representatives, executors, administrators, assigns, agents, and successors, hereby waive, release, forgive, and forever discharge: (i) WAFAA; (ii) all persons and entities involved with planning and participating in the Event; (iii) the Wyoming Area School District, (iv) all medical personnel which provide services in connection with and/or participate in the Event, and their respective officers, agents, employees, successors, assigns, affiliates, heirs, personal representatives and all other parties involved directly or indirectly with WAFAA, as well as all other parties associated with the Event (collectively, the "Released Parties") from any and all claims, basis for claims, demands, suits, actions, causes of action, liabilities, complaints, judgments, or other loss or harm of any nature whatsoever (collectively, "Claims"), known or unknown, suspected or unsuspected, arising directly or indirectly in connection with the Event and the activities to take place in connection with the Event, even if such Claims arise as the result of the active or passive, direct or indirect, negligence of the Released Parties. I hereby covenant and agree that I shall not raise and/or bring any Claims against the Released Parties which directly or indirectly relate to and/or arise from the Event. I further waive any Claims against the Released Parties which directly or indirectly relate to and/or arise from the rescheduling, alteration, and/or cancellation of the Event, to the extent that the Event must be rescheduled and/or altered and/or cancelled for any reason, and/or any delay associated with the Event. WAFAA expressly reserves the right to refuse to allow any party to participate in the Event and/or to reschedule, alter, and/or cancel the Event, to the extent that its exercise of any such right is in accordance with applicable law.

I acknowledge and agree that I have signed this Waiver and Release voluntarily after being provided with an opportunity to review this Waiver and Release. I hereby authorize and give full consent to WAFAA to copyright or publish any or all photographs, movies, videos, or tape recordings in which I or my child appear while a participant in the Event and to use or cause to be used any of the foregoing material for any purposes without limitation, reservation, and/or consideration. I hereby acknowledge that if any provision of this Waiver and Release is construed to be invalid, illegal or unenforceable, the remaining provisions hereof shall not be affected and shall be enforceable without regard to the provision(s) construed to be invalid, illegal or unenforceable.

This Waiver and Release is signed and delivered in Pennsylvania, the place of applicable law governing this document, this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

Child Participant Name (print): \_\_\_\_\_  
Your Address (print): \_\_\_\_\_  
\_\_\_\_\_

Parent Name (print): \_\_\_\_\_  
Your Address (print): \_\_\_\_\_  
\_\_\_\_\_