



Honor the Heroes of the Game, Preserve its History, Promote its Values & Celebrate Excellence EVERYWHERE

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## RELEASE FORM FOR PARTICIPATION

### **THE EVENT: Day Out with Dad**

In consideration of the right to participate in the Event, I agree to the following:

1. I acknowledge that my participation in the Event may involve risk of bodily injury, or property damage. I assume and accept all risk of bodily injury, property damage, and other harm connected with my participation in the Event.
2. I acknowledge that the Event may involve strenuous physical activities and I certify that I am in proper physical health and have no physical limitations that would prevent me from participating in the Event.
3. I hereby indemnify, hold harmless, and release the National Football Museum, Inc., dba the Pro Football Hall of Fame its respective affiliates, officers, directors, and employees for and from any and all liability for all claims, fees, that arise out of or in connection with any personal injury, property damage, and/or loss suffered by or in connection with my participation in the Event.
4. I authorize the Pro Football Hall of Fame to take videotapes and photographs of me and to record my voice, conversation, and other sounds during and in connection with the Event. I acknowledge that the Pro Football Hall of Fame shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me. I authorize the Pro Football Hall of Fame to use my name, voice, likeness, and any biographical facts provided to the Pro Football Hall of Fame in advertising and promoting the Event.
5. I acknowledge that I have read this release, fully understand its contents, and have signed of my own free will.

**DATE: 6/22/19**

**PARTICIPANT 1 NAME:** \_\_\_\_\_ **PARTICIPANT 1 AGE:** \_\_\_\_\_

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**PARTICIPANT 2 NAME:** \_\_\_\_\_ **PARTICIPANT 2 AGE:** \_\_\_\_\_

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**PARTICIPANT 3 NAME:** \_\_\_\_\_ **PARTICIPANT 3 AGE:** \_\_\_\_\_

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**PARTICIPANT 4 NAME:** \_\_\_\_\_ **PARTICIPANT 4 AGE:** \_\_\_\_\_

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**SIGNATURE:** \_\_\_\_\_  
**(Parent's signature if participant is 17 years of age or younger)**

**PRINT NAME:** \_\_\_\_\_