WAIVER AND RELEASE OF LIABILITY

In return for being allowed to participate in the NFL Experience and related activities, including all events occurring on the Youth Football Clinic Field scheduled to be held in Dallas, TX January 27-30 and February 2-6, 2011 (collectively, the "Event")*, I agree not-to-sue and release the National Football League, its member professional football clubs, NFL Properties LLC, NFL Ventures, Inc., NFL Ventures, L.P., NFL Enterprises LLC, NFL International LLC, NFL Productions LLC, (collectively the "NFL Entities") and each of their respective affiliates, subsidiaries, shareholders, officers, directors, partners, agents, representatives and employees, successors and assigns ,the sponsors of the National Football League and the Event, Party Planners West, Inc., the City of Dallas, and the Super Bowl XLV Host Committee,, USA Football, Inc. and each of their subsidiaries, affiliates, officers, directors, governing board, sub-contractors, shareholders, agents, representatives, employees and licensees, successor and assignees (collectively the "Releasees") for, from and against any and all present and future liabilities, obligations, damages, losses, claims, demands, costs or expenses (collectively, "Claims") that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Event including, without limitation, in connection with transportation to and from the Event, wherever, whenever, or however the same may occur. I understand and agree that the Releasees are not responsible for any injury or property damage arising out of the Event, even if caused by their ordinary negligence. I understand that participation in the Event involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Event with knowledge of the danger involved and agree to accept all risks of participation. I consent to administration of first aid and other medical treatment in the event of injury or illness. I also agree to indemnify and hold harmless the Releasees for all Claims arising out my participation in the Event and all related activities and any medical treatment. I agree to let the Releasees use my name, likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter developed. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in New York, New York. *I understand that on Wednesday, February 2, 2011 from 11:30 a.m. - 2:00 p.m. the Event is open only to participants in the NFL Kids Day program and not to the general public.

Ages 18 and Over I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Parent/Legal Guardian if Participant is Under Age 18 I am the parent or legal guardian of the Event participant. I am of legal age and am freely signing this agreement on behalf of the Event participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of myself, the Event participant and his/her family, estate, heirs, and/or assigns.

1)

Name of Participant

Signature ____________________ **Date** __ __ / __ __ / __ __

If Participant is under 18 – Parent/Legal Guardian Name

Signature ____________________ **Date** __ __ / __ __ / __ __

Age **Phone Number** ___ - ___ - ____

Email Address

Address

City **State** **Zip Code**

☐ Check here if you would like receive information and offers from the NFL

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2)

Name of Participant

Signature ____________________ **Date** __ __ / __ __ / __ __

If Participant is under 18 – Parent/Legal Guardian Name

Signature ____________________ **Date** __ __ / __ __ / __ __

Age **Phone Number** ___ - ___ - ____

Address

City **State** **Zip Code**

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3)

Name of Participant

Signature ____________________ **Date** __ __ / __ __ / __ __

If Participant is under 18 – Parent/Legal Guardian Name

Signature ____________________ **Date** __ __ / __ __ / __ __

Age **Phone Number** ___ - ___ - ____

Address

City **State** **Zip Code**