

**LIONS CLUB OF ERIE
SAVE-AN-EYE FUND, INC.**

P O Box 9364
Erie, PA 16505
814-455-0995

In consideration of being allowed to participate in the Save-An-Eye All-Star Football game, I/We, the undersigned Player and parent(s) or guardian(s) of:

PRINTED NAME

I/we understand that there are risks, both known and unknown, of injury, permanent disability, or even death associated with playing football, and I/we agree to assume those risks. I/we believe that I/our son am/is in proper physical condition, and has no medical condition that should bar my/his participation in the Save-An-Eye game and all related activities. I/we understand further that it is my/our responsibility to assure my/his medical condition with a physical examination by a doctor of my/our choosing if there is any doubt on my/our part about my/his physical ability to practice for and play in the Save-An-Eye game.

To the fullest extent permitted by law, I/we hereby release and forever discharge the Lions Club of Erie, its members, officers, coaches, referees, volunteers, and employees from any and all liability, including liability for negligence, for any injury or illness to me/our son by reason of my/his participation in the Save-An-Eye Football game or related activities. I/we agree to indemnify and hold harmless the Lions Club of Erie, its members, officers, coaches, referees, volunteers, and employees from any and all liability that they may incur on account of my/our son's participation in the Save-An-Eye Game and all related activities, to me/him or to any other person. In the event of injury involving me/our son, I/we authorize the coaches or other representatives of the Lions Club of Erie to provide emergency first aid for me/our son until I/we can assume responsibility.

I/we understand the need to display positive sportsmanship during all aspects of the Save-An-Eye Game. The Erie Lions Club reserves the right to remove any player from the roster for violations of positive sportsmanship during all Save-An-Eye game related activities.

Player pledges to participate in at least 14 of 16 hours of practice and participate as able in game related activities.

PLAYER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DATE

PLAYER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

(BOTH PARENTS SIGN WHEN ABLE)