

**2012 PIONEER BOWL / SIAC FOOTBALL CHAMPIONSHIP NCAA FOOTBALL YOUTH FOOTBALL CLINIC
WAIVER AND AGREEMENT TO PARTICIPATE**

Name: (Please Print) _____ **(“Participant”).**

Waiver: In consideration of Participant's attendance at and participation in the NCAA Football youth football clinic (“Clinic”) to be held by IMG College, a Division of IMG Worldwide, Inc. (“IMG”) at A.J. McClung Memorial Stadium (the “Site”), Participant and his Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives or assigns, hereby release, waive, discharge, and covenant not to sue, IMG, NCAA® Football (“NCAAFB”), Pioneer Bowl (“PB”), Southern Intercollegiate Athletic Conference (“SIAC”), Central Intercollegiate Athletic Association (“CIAA”) and the Columbus Sports Council (“CSC”), or any of them, and each of their respective affiliated companies and each of its directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from the negligence of any of the aforementioned parties. This waiver agreement applies to (1) personal injury (including death) from accidents, injuries or illnesses arising from or a result of his participation in various activities at the Clinic including, but not limited to, football drills, training, travel, lessons, social interaction, and individual use of the Site's facilities, premises, and/or equipment; and (2) any and all claims resulting from the damage to, loss of, or theft of property. Participant and Parent/Guardian consent to all recording and photographing (“Images”) of Participant at the Clinic and agree that these images are copyright of NCAA Football (i.e., ©NCAA Football) and may be used at any time in promotional materials including the seasonal recreational brochure without payment to Participant and without Participant's or Parent/Guardian's approval.

Indemnification and Hold Harmless: Participant and Parent/Guardian also agree to HOLD HARMLESS AND INDEMNIFY IMG, NCAAFB, PB, SIAC, CIAA and/or CSC, or any of them, from all claims resulting from the negligence of Participant and/or his Parent/Guardian and to reimburse IMG, NCAAFB, PB, SIAC, CIAA and/or CSC, for any expenses incurred as a result of Participant's participation in the Clinic, travel to and from, and presence at and use of the Site's facilities. Further, Participant and Parent/Guardian agree to hold harmless and indemnify I IMG, NCAAFB, PB, SIAC, CIAA and/or CSC from all claims and amounts related to legal and other action brought against IMG, NCAAFB, PB, SIAC, CIAA and/or CSC for damages caused by Participant (for example, for damages caused by Participant while fighting with another participant at the Clinic or destruction of property at the Site).

Severability and Venue: Participant and Parent/Guardian further expressly agree that this waiver agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect. Also, Participant and Parent/Guardian agree that all disputes will be resolved using binding arbitration (to the extent permitted by law) and take place at the office of the American Arbitration Association located nearest to Columbus, Georgia.

Acknowledgment of Understanding: Participant and Parent/Guardian have read this waiver agreement and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of IMG, NCAAFB, PB, SIAC, CIAA and/or CSC. Participant and Parent/Guardian acknowledge that they are signing this waiver agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law. In signing this waiver agreement as parent or guardian, I acknowledge that I am consenting to Participant's participation in the Clinic at the Site and acknowledge that I understand that any and all risks, including that of negligence, whether known or unknown are expressly assumed by Participant and Parent/Guardian and all claims, whether known or unknown, are expressly waived in advance.

Signature of Parent/Guardian: _____ Date: _____

Signature of Minor Participant: _____ Date: _____

AGREEMENT TO PARTICIPATE

Assumption of Risks: All physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the care taken to avoid injuries. Some activities at and related to the Clinic involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, other participants (including other participants that are older or younger and who may be larger or smaller (in terms of weight and height) than Participant), and various surfaces (which may be uneven), and other activities involve sustained physical activity which places stress on the cardiovascular system. Participant will also be exposed to risks while traveling to/from the Site. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as scratches, cuts, bruises, and sprains to (2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death. Participant and Parent/Guardian also understand that Participant may expose others, or may be exposed, to contagious disease such as influenza, chicken pox or measles.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at and related to the Clinic, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of illnesses and injuries which may occur as a result of activities made possible by IMG, NCAAFB, PB, SIAC, CIAA and/or CSC. Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

Acknowledgement of Rules and Standards of Conduct: Participant and Parent/Guardian understand that the Site, IMG, NCAA Football and the Clinic have rules and standards of conduct, and Participant and Parent/Guardian agree to abide by these rules and standards for the safety of all persons on-Site, staff, and all participants.

Acknowledgment of Understanding: Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing this agreement and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at the Clinic at the Site to the greatest extent allowed by law in the State of Georgia.

In signing this assumption of risk as Parent/Guardian, I acknowledge that I am consenting to Participant's participation at the Clinic at the Site and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Minor Participant: _____ Date: _____

Consent to Treatment

As Participant's Parent/Guardian, I/we hereby consent to treatment of my/or minor child for any and all medical procedures deemed necessary as a result of accident or injury at the Clinic. I/we further agree to pay any and all cost incurred as a result of said treatment.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(Custodial parent if separated/divorced)