



Spokane Shock Youth Football Camp

1st-4th Grade: June 28th - 30th : 1-4pm

5th - 8th Grade: July 5th-7th : 1-4pm

Registration Form

Name: _____ Phone: _____

Address: _____

Email: _____

Grade: (2010-2011 School Year) _____ T-Shirt Size: _____ (Adult and Youth Sizes, please specify)

Registration Fee:

Non Season
Ticket Holder
\$109.00 by 6/1/2011
\$119.00 after 6/1/2011

Current Season
Ticket Holder
\$99.00 by 6/1/2011
\$109.00 after 6/1/2011

Payment Method:

Cash (enclosed)

Check (enclosed, payable to Spokane Shock)

Credit Card:

Card #: _____ Visa _____ MasterCard _____ American Express _____ Discover _____
Expiration Date: _____ Conf. Code: _____

Billing Address (if different from above) _____

Name of Card Holder _____ Signature: _____

Send your registration to...

Or if you're paying by credit card,
Then call (509) 242-7462x2
Or fax it to us at (509) 926-1075

Spokane Shock Youth Football Camp
3212 N. Eden Rd, Suite B
Spokane Valley, WA 99216



Spokane Shock

LIABILITY WAIVER

PARTICIPANT: _____ DATE: _____

I, the above-identified and/or below-signed, am submitting this Release to AFL, LLC (“AFL”) and the Spokane Shock with the understanding that AFL and the Team will rely upon it.

In consideration of voluntary participation, or in consideration of having my child/ward voluntarily participating (which ever is applicable), in the Spokane Shock Youth Football Camp, and for other good valuable consideration, the receipt and the sufficiency of which hereby acknowledge, I, for myself and on behalf of my personal representatives, spouse, heirs, next of kin, next friends, executors, administrators, assigns and/or any person or entity claiming through me or on my behalf (collectively, “I”), hereby unconditionally covenant not to sue, discharge and release AFL, the Spokane Shock, or any of the aforementioned entities’ affiliated companies, parent companies, subsidiaries, sponsors, present and former employees, officers, members, managers, shareholders, and directors, as well as the arena facility reference above (collectively, “Released Parties”), from any and all claims, demands, losses, liabilities, damages and/or costs or any nature whatsoever that I may now or hereafter be entitled to assert caused or contributed to by, or arising directly out of, my participation in the Spokane Shock Youth Football Camp.

In further consideration for my participation in the Spokane Shock Youth Football Camp, I hereby grant to the Released Parties the right to use my name, photograph, likeness and biographical information for promotional purposes without further obligation or compensation to me.

I UNDERSTAND, ACKNOWLEDGE, AND AGREE THAT I HAVE READ THIS RELEASE AND THAT IT IS A COMPLETE RELEASE AND DISCHARGE OF ALL CLAIMS AND RIGHTS THAT I MAY HAVE AGAINST THE RELEASED PARTIES.

By: _____
Signature of Participant, Parent, or Legal Guardian
(If Participant is under 18 years of age, this Release must be executed by the Parent or Legal Guardian of the Participant)