Flag Football Regular-Season and Tournament
Waiver and Release

Assumption of Risks. I acknowledge that participation in the Flag Football could subject me to dangers or risks, including transportation accidents, personal injuries, loss or destruction of my property and the risks associated with physical activity. I have considered those risks and dangers, and relying on my own judgment have voluntarily decided to participate in Flag Football that is being hosted by Parker College of Chiropractic at Fritz Park in Irving, Texas and assume all dangers and risks arising out of that participation.

Waiver of Claims. I hereby waive any claims arising out of or related to participating in this activity, that I may have against Parker College of Chiropractic, or its agents, employees, volunteers, trustees, or subsidiaries, including 1) any claims arising from any injuries to persons or property of any kind or character, whether real or asserted, arising out of or incident to my participation in this activity, 2) any claims that may occur while on the premises of any facility for the purpose of participating in this activity, 3) any claims arising out of travel or from the ownership, operation, use, maintenance or control of any vehicle, equipment or goods provided or used in connection with this activity, and 4) any claims arising from any negligence or gross negligence of Parker College, or any of its agents, employees, or volunteers related to or in connection with this activity.

Indemnity. I agree to hold harmless and indemnify Parker College, and its agents, employees, and volunteers from and against any and all claims, demands or causes of action for property damage, personal injury or death, including costs of suit and attorneys' fees, arising out of my participation in the Flag Football Tournament, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF PARKER COLLEGE, ITS AGENTS, EMPLOYEES, OR VOLUNTEERS.

Consent to medical treatment. I hereby consent to any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Printed Name	Signature	Date