

Free Husky Football Experience

Presented by the Husky Football Team and Tyee Sports Council

For boys and girls 12 and under — Free lunch provided (limited to first 600 applicants)

Saturday, April 26

Husky Stadium ♦ University of Washington

(Enter through the West End of the stadium under the Montlake readerboard)

Registration begins at 10:30 a.m ♦ Clinic runs from 11 a.m.-Noon

Call 206/543-3086 for more information

HUSKY SPRING FLING *presented by Fox Sports Net*

Visit these ***FREE*** Husky Sporting Events on April 26 for a chance to win one of several prizes

Crew vs. Cal 9am

Football scrimmage 12:30pm

Volleyball Scrimmage 10am

Baseball vs. Cal 1pm

Football Experience 10am

Softball vs. Cal 2pm

Reserved seats at Softball available for purchase. Call the Husky Ticket Office at (206) 543-2200.

2003 Husky Football Experience Registration—Please print legible and fill in ALL information

NAME (Please Print)

AGE

PHONE

ADDRESS

CITY

STATE

ZIP

If this applicant is part of a group, please indicate which group, and submit group applications together.

GROUP NAME

I am the parent/legal guardian of _____ (“participant’s name”). On behalf of the participant’s parents or guardian, heirs, estate insurers, assigns and anyone else who may make any claim for or on behalf of participant, I hereby give permission for the participant to take part in the UW Athletic Department Husky Football Clinic (“event”). In exchange for participating in the event, the participant agrees for himself/herself and his/her heirs, estate, insurers and assigns to fully release the University of Washington and the UW Athletic Department from any damages, injuries (including death) lawsuits, expenses (including attorney fees) and any other liability. I agree to hold harmless, indemnify the University of Washington and the UW Athletic Department. In the event of any injury at the event, the UW Athletic Department is authorized to obtain any medical care or treatment deemed necessary.

I READ THE RELEASE AND THIS AGREEMENT CAREFULLY, FULLY UNDERSTAND THEIR CONTENT AND VOLUNTARILY AGREE TO THEIR TERMS.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

Emergency phone # on April 26, 2003

PHONE (INCLUDE AREA CODE)

Registration form **must be received by April 24, 2003**. Please fax your form to: **206/685-4668**.