

HUSKY FOOTBALL EXPERIENCE

FREE FOR KIDS!

Presented by the Husky Football Team and Tyee Sports Council

For boys and girls 12 and under Free T-shirt and lunch provided (limited to first 500 applicants)

To reserve a spot, complete the application below and mail or fax it in by April 19!

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Saturday, April 24

Husky Stadium ♦ University of Washington

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



Registration begins at 10:00 a.m. ♦ Clinic runs from 11 a.m.-Noon
Call 206/543-3086 for more information

HUSKY SPRING FLING

Visit all of these other **FREE** Husky sporting events on **April 24** for a chance to win one of several prizes, including a trip for 2 to an away Husky football game, courtesy of Northwest Travel!



- **Volleyball Scrimmage**—10 a.m.
- **Baseball** vs. Arizona—1 p.m.
- **Football Scrimmage**—12:30 p.m.
- **Softball** vs. Stanford—2 p.m.



*Softball seating is general admission only and available as space permits.

2004 Husky Football Experience Registration—Please print legibly 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 HAVE READ THE RELEASE AND THIS AGREEMENT CAREFULLY, FULLY UNDERSTAND THEIR CONTENT AND VOLUNTARILY AGREE TO THEIR TERMS.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

Emergency phone number on April 24, 2004

PHONE (INCLUDE AREA CODE)

Registration form must be received by April 19, 2004. Please mail to Janet Sukraw, UW Athletics, Graves Bldg. Box 354070, Seattle, WA 98195-4070, or Fax to 206/685-4668. NO PHONE RESERVATIONS WILL BE ACCEPTED.

