



**Second Annual Austin Blondes vs. Brunettes
Powder Puff Football Game
Tackling Alzheimer's Disease
Benefiting the Alzheimer's Association**

Participant Registration Form

Contact Information:

Name: _____ Phone: _____

Address: _____

Email: _____

Participant level (please select one):

- ___ Cheerleader (circle one): Blonde Brunette
- ___ Player* (circle one): Blonde Brunette
- ___ Coach (circle one): Blonde Brunette Where Needed

**All players are required to attend at least four (4) practices to be eligible to play in the game on June 5, 2010. Practices will take place every Sunday, April 11 – May 23.*

T-Shirt Size (circle one): S M L XL XXL

Fundraising commitment:

I understand that by agreeing to participate in the 2010 Blondes vs. Brunettes Powder Puff Football Game at the level selected above, I am committing to raise the amount of money designated for my level (\$500 for players and coaches, \$250 for cheerleaders) on or before June 12, 2010.

I also understand that if I decide I am unable to meet my donation requirement, I will be given the opportunity to opt out of my commitment on or before May 16, 2010.

Excepting my decision to opt out at that time, I authorize the Alzheimer's Association, Capital of Texas Chapter, to charge my credit card on June 13, 2010 for the remaining balance (up to \$250 for players and coaches, up to \$125 for cheerleaders) from the difference between my fundraising commitment and my actual donation total.

Signature: _____ Date: _____

Printed Name: _____



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Credit Card Information:

Please hold my credit card (circle one): Visa MC AmEx Discover

Card Number: _____ Exp. Date _____

Name on Card: _____

Billing Address (if different from above):

Release and Waiver of Liability:**

Powder Puff Football Game – June 5, 2010

In Consideration of being permitted to compete, officiate, observe, work for, or participate in any way in the 2010 Blondes vs. Brunettes Powder Puff Football Game and all related activities including practices and other events, I,
_____, hereby waive all claims, release, and agree not to

(Print Name)

sue the Blondes vs. Brunettes organization, Alzheimer's Association, Alzheimer's Association-Capital of Texas Chapter, sponsors, venue, and their employees from all present and future claims that may be made by me, my family, estate, or assigns for property damage, personal injury, or wrongful death arising as a result from participation in the June 5, 2010 Powder Puff Football Game or related practices or any other related activity.

I understand that participation in this event and any related activities involves certain risks, including but not limited to, serious injury. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the program, even if caused by their ordinary negligence. I certify that I am in excellent physical health and may participate in strenuous and hazardous physical activities, including the June 5, 2010 Powder Puff Football Game and all related activities including practices.

I also agree to indemnify and hold harmless those listed above for all claims arising out of my participation in this event and all related activities. I attest that I can provide proof of health insurance if requested. I grant full permission for organizers to use my name, photographs of me and quotations from me in legitimate accounts and promotions of this event.

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Capital of Texas Chapter
3429 Executive Center Drive, #100
Austin, TX 78731
(800) 367-2132
www.alz.org/texascapital



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I understand that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted under the laws of Texas, and I agree that if any portion of this agreement is invalid, that the remainder will continue in full legal force and effect.

I have read this Release and Waiver of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantees being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____ Date: _____

***This form must be completed and returned before you will be eligible to participate in any physical activity associated with the Blondes vs. Brunettes Powder Puff Football Game.*

This form can be returned in person to any of the BvB Austin Directors, faxed to the Alzheimer's Association at (512) 241-0430, or emailed to BvB@TxAlz.org.

For more information, email BvB@TXAlz.org or visit www.BvBAustin.com.

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Participant Profile for BvB Website

**Please email a headshot photo of yourself to BvB@TXAlz.org to be included with your profile.*

Name: _____

Hometown: _____

College: _____

9 to 5 I am: _____

Favorite Football Team: _____

Status: _____

On Thursday you'll find me: _____

Favorite Blonde/Brunette: _____

I want to play BvB because: _____

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