



# Registration Form

Please make checks payable to "NEP LP" and mail to:

**NEW ENGLAND PATRIOTS**

**c/o Junior Cheerleader Program**

**One Patriot Place, Foxborough, MA 02035**

Child's Name

Address

City

State

Zip

**Email address**

Mother's/Legal Guardian's Name

Phone

Father's Name

Phone

Emergency Contact

Phone

Method of Payment:  Check     Money Order     VISA (Please note that VISA is the only credit card accepted.)

Card #

Exp. date

Cardholder's name

Cardholder's signature (Credit card orders subject to credit approval)

**Cost of program: \$425.00 per participant.** (This includes two game tickets — a \$178.00 value.)

**Registration payment and deadline: Friday, March 30, 2012.** You will be notified of game date/time as soon as announced by the NFL. You may cancel your registration by midnight, April 30, 2012 for a full refund.

**NO EXCEPTIONS TO DEADLINES CAN BE MADE.**

You can order additional tickets at a cost of \$89.00 per ticket. Up to three additional tickets can be purchased, per participant. How many additional tickets would you like to purchase?     1     2     3

## Release and Hold Harmless Agreement:

In connection with my child's participation in the 2012 Junior Patriots Cheerleaders program with clinics to be held on May 12 and May 19, final rehearsal on August 4, 2012, and any other applicable dates, and my child's participation in any subsequent events offered to program participants (collectively the "Program"), on behalf of my child, myself and my spouse, I agree to release and hold harmless New England Patriots L.P. and/or its designees, its cheerleaders individually and as a group, NPS LLC, Foxboro Realty Associates LLC, the National Football League, all of their respective owners, agents, employees, sponsors, promoters and affiliated persons and entities, from and against any and all claims, liabilities, damages, demands, costs and expenses that I, my child or anyone acting on my child's behalf, may have arising from or in any way related to the Program (including without limitation relating to property damage, personal injury and death). In addition, I certify that my child has no medical conditions or disabilities that may interfere with his/her participation in the Program. On behalf of my child, I agree to assume the risk of my child's participation in the Program.

I agree that photographs, videos, or other images may be taken of my child during the Program and that those items may be used by the New England Patriots L.P. and/or its designees in connection with its advertising, promotional and marketing activities, for the Program or otherwise, all without compensation to my child or me. I hereby assign all rights in any such photographs, videos or other images to New England Patriots L.P.

Parent/Legal guardian signature

Print name

Child's birthdate (mo/day/year)

Age by Clinic One (for ages 7-17)