



PLAYER LIABILITY FORM

CUYAHOGA COUNTY EAST-WEST HIGH SCHOOL ALL-STAR SCHOLARSHIP FOOTBALL GAME

PRESENTED BY UNIVERSITY HOSPITALS AND THE CLEVELAND BROWNS

**WITH THE COOPERATION OF WINNING EDGE FUNDRAISING, MORGAN SERVICES,
BEDFORD-MENTOR NISSAN, and SPORTS FOCUS SPORTING GOODS**

Whereas I/our/my son has been selected to participate in the Annual Cuyahoga County East-West High School All-Star Scholarship Football Game.

Whereas it is my/our desire not only to have our son/my son honored by participation in this game, but also that he assist in supporting the scholarship efforts of the Greater Cleveland Football Coaches Association.

We/I therefore, grant our/my son permission to play in the Greater Cleveland Football Coaches Association Cuyahoga County East-West High School All-Star Scholarship Football Game, presented by the Cleveland Browns and University Hospitals and release Baldwin Wallace University/John Carroll University, the Cleveland Browns, University Hospitals, Bedford-Mentor Nissan, Winning Edge Fundraising, Morgan Services, Sports Focus Sporting Goods, the Cleveland Municipal School District, Notre Dame College, the North Royalton City School District, the Independence Local Schools, Orange City Schools and the Greater Cleveland Football Coaches Association, Inc. and all said members and employees of these organizations from any and all liability and we/I waive all claims arising from participation in said game.

Player's Name: _____ High School: _____

Parent(s) / Guardian(s) Name: _____

Address: _____

City _____ State: _____ Zip _____

Home: _____ Cell: _____

Email: _____

Player Signature (18 or older): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

A signature is REQUIRED. *Parent/Guardian Signature is REQUIRED if player is under 18*****

GREATER CLEVELAND FOOTBALL COACHES ASSOCIATION

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