

Steve Spurrier's Third Annual Ladies Football Clinic



**Saturday, July 28, 2007
The Colonial Center
801 Lincoln Street
Columbia, SC**

(Doors open at 8:00 a.m.)

Coach Steve Spurrier and the USC Football Staff invite you to join them for the 2007 Annual Ladies Football Clinic. We hope to make this year's clinic more fun and a better learning experience than ever before. We also hope to teach you a little about the great game of football.

\$45.00 per person

Please make checks payable to:
Steve Spurrier's Ladies Clinic
Address: USC Football Office - Ladies Clinic
1125 George Rogers Blvd.
Columbia, SC 29208

Or, to pay by Credit Card, register online at:
<http://uscports.cstv.com/camps/scar-camps.html>

For questions or additional applications call:
(803) 777-4273
Fax: (803) 777-8363

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COLUMBIA



Name: _____

Street Address: _____

City : _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

E-mail Address: _____

T-Shirt Size: S M L XL XXL XXXL (please circle correct size)

Amount Enclosed: _____ Check #: _____

(Note: Please See Back of Form – Waiver must be signed – Return the entire application)

STEVE SPURRIER FOOTBALL CAMP, LLC

WAIVER AND RELEASE OF LIABILITY AGREEMENT

In consideration for my being permitted to participate in the Steve Spurrier Ladies Football Clinic (a privately owned and operated clinic by Steve Spurrier Football Camp, LLC), related events and activities, the undersigned acknowledges and agrees that: I, do hereby for myself, my spouse, my child/children, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend Steve Spurrier Football Camp, LLC, the University of South Carolina, its members of the Board of Trustees, individually and collectively, their officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by me arising out of or in any way associated with my participation in the Steve Spurrier Ladies Clinic, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of injury to me from these clinic activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that my participation in these activities is solely at my own risk and I assume full responsibility. I hereby further declare that I am physically able to participate in all clinic activities.

I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS CLINIC WAIVER AND RELEASE OF LIABILITY AGREEMENT.

Participant's Signature (Required)

First / Last Name (Please Print)

Parent / Guardian's Signature
(if participant is less than 18 years of age)

Date