



ACKNOWLEDGMENT OF RISK AND CONSENT TO PARTICIPATE AND RELEASE FORM

I am aware that the very nature of participation in recreational sports activity carries with it an inherent risk of injury. I understand that the dangers & risks of participating in these activities, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body and general health and well being.

Having understood the risks of participation and particularly the risk inherent in sport, I voluntarily assume and accept these risks as they have been explained above. I realize that the coaches, administrators, trainers, referees, and GLORY DAYS 4 ON 4, INC personnel will do those things necessary to reduce the risk of injury. However, I realize and accept that these measures will not prevent all injuries to myself, to other participants and/or to spectators. I also accept the responsibility in taking personal measures to help prevent injury to myself, to other participants and/or to spectators by notifying coaches, trainers, referees, or other GLORY DAYS 4 ON 4, INC personnel of conditions that I am aware of that may predispose me or other participants to an increased risk of injury resulting from participation.

For and in consideration of benefits to be derived from furtherance of programs produced by GLORY DAYS 4 ON 4, INC I, the undersigned adult, parent or legal guardian do hereby consent, authorize and grant permission to GLORY DAYS 4 ON 4, INC, its agents, employees or duly authorized representatives to take the information provided on forms, photographs, motion pictures or video taken of said athletes and guests of athletes, and do further consent to the marketing, publication, circulation and dissemination of said information, photographs, motion pictures or videos or any duplication or facsimile thereof for any purposes GLORY DAYS 4 ON 4, INC may deem proper. At no time will my filled out information be sold to another company.

In granting such permission, I hereby relinquish and give to GLORY DAYS 4 ON 4, INC, all right, title and interest I may have in the finished pictures, negatives, reproductions or copies and further waive any and all right to approve the use of such, photographs, motion pictures or videos and further do waive any right to compensation for the publication or other use of said, photographs, motion pictures or videos and do release GLORY DAYS 4 ON 4, INC, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

I have read the above statement and understand that participating in recreational sporting activity has inherent risks of possible bodily damage or injury as explained above.

Team Name: _____

Participant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____

Signature of Participant: _____ **Date:** _____

If the participant is a minor, the following must be completed by the parent/guardian.

As the parent/guardian of the above mentioned participant, I understand the above statements and give consent for the named participant to engage in sport related participation with GLORY DAYS 4 ON 4, INC.

Signature of parent/guardian: _____ **Date:** _____