

Medical, Liability & Media Release Form

Participant/Spectator information

Date: _____ (Team Name if applicable) _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone# _____ Cell# _____

Email: _____

Can we text/email you about upcoming events? Yes No

Emergency Contact: _____ Phone#: _____

(If under 18, then parent/legal guardian's name) _____

Consent and Liability Waiver I HEREBY REGISTER Myself or My child for the Recreation Restoration Foundation event. I know of no mental or physical problems, which may affect his or her ability to safely participate in this activity. I authorize the staff or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the Recreation Restoration Foundation and volunteers of the Recreation Restoration Foundation from any liability that may arise from my child's participation. I acknowledge that participating in this type of activity can lead to injury and I will not hold Recreation Restoration Foundation liable in the instance that injury occurs while participating in these activities. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury.

Please Initial Here: _____

Media Release I hereby authorize Recreation Restoration Foundation to photograph me or my child, take motion pictures of me or my child, take video footage of me or my child, and/or make electronic sound recordings of me or my child (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Recreation Restoration Foundation (I understand that I may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

Please Initial Here: _____

Parent/Guardian's Signature: _____

(If over 18) Participant/Spectator Signature _____

