



**CHECKLIST: (PLEASE COMPLETE AND INCLUDE WITH OTHER FORMS)**

**PLEASE BE SURE ALL FORMS LISTED BELOW ARE COMPLETED AND RETURNED BY E-MAIL OR MAIL BY December 21, 2012.**

- \_\_\_\_\_ Commitment Form
- \_\_\_\_\_ School Release (1 PAGE)
- \_\_\_\_\_ Participant Injury Waiver and General Release Form (1 PAGE)
- \_\_\_\_\_ Participant Authorization to Provide Medical Care (1 PAGE)
- \_\_\_\_\_ Participant Authorization to Use Name, Likeness and Voice (1 PAGE)
- \_\_\_\_\_ Participant Acceptance and Authorization to Use Information (1 PAGE)
- \_\_\_\_\_ Participant Insurance and Health Information (1 PAGE)
- \_\_\_\_\_ Participant Release of Liability and Assumption of Risk (1 PAGE)

**Please return by December 21, 2012 to:**

**All-American Games, 175 N. Main St. Wharton, NJ 07885 Att. Natalie McKerjee**

**Phone: 678-794-1931/ E-mail: [nmckerjee@allamericangames.com](mailto:nmckerjee@allamericangames.com)/ Fax: 973-366-8449**



**2013 FBU International All-American Bowl**  
**Commitment Form**

I, \_\_\_\_\_, having received the honor of being selected to the 2013 FBU International Games, confirm my acceptance and commit to play in the games scheduled in San Antonio's Alamodome between December 30<sup>th</sup>, 2012 and January 6<sup>th</sup>, 2013.

Name of Player: \_\_\_\_\_

Player Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**-Players are responsible for their own equipment, travel, lodging and meals. Players will need to arrive and register by Sunday, Dec 30, 2012 and must be available through Sunday, January 6, 2013.**

FOOTBALL UNIVERSITY

175 N Main Street, Wharton, NJ 07885, P (973) 366-5027, F (973) 366-8449



## 2013 FBU International All-American Bowl School Release

I, \_\_\_\_\_, have received the honor of being selected as one of the nation's top youth football player and selected to participate in the 2013 Eastbay Youth All-American Bowl, FBU International All-American Bowl or USA / Canada U15 game played between December 30<sup>th</sup>, 2012 and January 6th, 2013.

Given the honor of this opportunity, I respectfully seek the permission of my teachers and principal to receive an excused absence for any days of school missed due to my participation. Note: The All-Americans will travel to San Antonio by Sunday December 30<sup>th</sup>, 2012 and bowl week will end on Sunday, January 6th, 2013.

By signing below, I agree to complete all schoolwork missed during my absence and will submit any such schoolwork upon my return. I also agree to contact my state high school association and accept, if any, eligibility consequences due to my participation in the 2013 FBU International All-American Bowl.

\_\_\_\_\_  
Player Print Name

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

By signing below, I acknowledge to the best of my ability, the above All-American has communicated with his teachers he will be absent during the week of December 30<sup>th</sup>, 2012 through January 6th, 2013, has received any assignments that will be completed and has contacted their state association regarding any potential future eligibility issues, if any.

Please Check Yes or No:

☐ Yes ☐ No State/Provincial Association Rules and Regulations have been considered

☐ Yes ☐ No My school has granted me permission to participate in the 2013 FBU Events.

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**Please return by December 21, 2012 to:**

**SportsLink, 175 N. Main St. Wharton, NJ 07885 Attn. Natalie McKerjee**

**Phone: 678-794-1931/ E-mail: nmckerjee@allamericangames.com/ Fax: 973-366-8449**



## 2013 FBU International All-American Bowl Participation Authorization & Injury Waiver and General Release Form

As a participant in the 2013 FBU International All-American Bowl "the game", I acknowledge that participation in the game exposes me to a possible risk of personal injury. I, hereby release All American Games, the U.S. Army, related sponsors, and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, from any and all liability from property damage, personal injuries or other claims arising from or in connection with my participation in the Event including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against said companies, sponsors and officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released or discharged by me.

For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quitclaim to Company the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes or programs as Company in its sole discretion will deem appropriate. I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver and General Release Form. This agreement will bind me, my spouse, my children, legal representatives, heirs, successors and assigns.

DATE: \_\_\_\_\_

PARTICIPANT PRINTED NAME: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, Province, Postal Code: \_\_\_\_\_

### **PARENTAL CONSENT** (To be filled out if participant is under the age of 18)

The undersigned ("Parent"), parent of \_\_\_\_\_ ("Subject"), hereby consent to affirm, and, on behalf of Subject, agree to be bound by the Injury Waiver and General Release Form attached hereto which has been signed by Subject. Parents also represent, warrant and agree that Parents (is)(are) entitled to the care and custody of Subject and (is)(are) Subject's legal guardian(s); that during the minority of Subject and for a reasonable time afterwards, Parents will use all reasonable efforts to prevent Subject from attempting to or actually disaffirming the Injury Waiver and General Release Form signed by Subject; that Parents hereby acknowledge that Parents have read the Injury Waiver and General Release Form and are satisfied that it is fair and equitable for the benefit of Subject; and that Parents will not revoke this consent and approval.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



## 2013 FBU International All-American Bowl Participant Authorization to Provide Medical Care

In consideration of being allowed to participate in the 2013 FBU International All-American Bowl between December 30<sup>th</sup>, 2012 and January 6<sup>th</sup>, 2013 (the "Game"), practices for the Game, and other events and activities related to the Game (collectively, the "Game Events"), I, \_\_\_\_\_ (*please print name*), the undersigned, hereby give permission to All American Games, or any person designated by it or any Released Party, to select appropriate medical personnel to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests, and to arrange necessary related transportation. I agree to the release of any records necessary for insurance purposes. I hereby also give permission to any such medical personnel selected by All American Games, or any person designated by it or any Released Party, to secure and administer treatment, including hospitalization, for me.

I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless to All American Games, its assigns, successors, other individuals, medical personnel, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Game Events, participating in or otherwise associated with the Game or Game Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Released Parties"), with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release of Liability and Assumption of Risk Agreement freely and voluntarily, without any inducement or coercion.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE SIGNED

### For Parents/ Guardians of Participants of Minority Age (Under Age 18)

This is to certify that I, \_\_\_\_\_ (*please print name*), as the parent/guardian with legal responsibility for \_\_\_\_\_ (*please print name*), the above named Participant, consent and agree to the attached Authorization to Provide Medical Care inuring to the benefit of the Released Parties and, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Released Parties with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

EMERGENCY PHONE NUMBERS: \_\_\_\_\_  
CELL HOME WORK OTHER

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
EMERGENCY PHONE

\_\_\_\_\_  
DATE SIGNED



## **2013 FBU International All-American Bowl Participant Authorization to Use Name, Likeness and Voice**

In consideration of being allowed to participate in the 2013 FBU International All-American Bowl, practices for the Game, and other events and activities related to the Game (collectively, the "Game Events"), I, \_\_\_\_\_ (*please print name*), the undersigned, hereby authorize, license, permit and grant to All American Games, NBC Sports and NBC affiliates, its partners, assigns, successors, other individuals, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Game Events, participating in or otherwise associated with the Game or Game Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Authorized Parties"), the right to use, reproduce, print, publish or disseminate in all manners and media now known or subsequently developed, in all promotion, advertising, information, press releases and press conferences or announcements for the Game or Game Events, my name, likeness and voice, but not as a direct endorsement of any product or service.

I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.

I have read the above authorization, fully understand its terms and understand the rights that I have granted by signing below. I sign this authorization freely and voluntarily, without any inducement or coercion.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
HOME ADDRESS, CITY, PROVINCE, POSTAL CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
E-MAIL ADDRESS

### **For Parents/ Guardians of Participants of Minority Age (Under Age 18)**

This is to certify that I, \_\_\_\_\_ (*please print name*), as the parent/guardian with legal responsibility for the above named Participant, consent and agree to the above authorization and, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED



## **2013 FBU International All-American Bowl Participant Acceptance and Authorization to Use Information**

I, \_\_\_\_\_ (*please print name*), the undersigned, hereby accept the invitation extended to me to participate in the 2013 FBU International All-American Bowl between December 30<sup>th</sup>, 2012 and January 6<sup>th</sup>, 2013 (the "Game"), and agree to attend and participate in all practices for the Game, and other events and activities related to the Game (collectively, the "Game Events"). With respect to my participation in the Game and Game Events, I agree to provide all necessary and proper information ("Necessary Information"), including all supporting documentation, as may be reasonably requested by All American Games, its partners, assigns, successors, other individuals, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Game Events, participating in or otherwise associated with the Game or Game Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Authorized Parties"). I authorize, license, permit and grant to the Authorized Parties the right to use, reproduce, print, publish or disseminate in all manners and media now known or subsequently developed, in all promotion, advertising, information, press releases and press conferences or announcements for the Game or Game Events, such Necessary Information. All Necessary Information I provide to any of the Authorized Parties will be true and accurate to the best of my knowledge.

I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this Acceptance and Authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.

I have read the above authorization, fully understand its terms and understand the rights that I have granted by signing below. I sign this Acceptance and Authorization freely and voluntarily, without any inducement or coercion.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**DATE SIGNED**

### **For Parents/ Guardians of Participants of Minority Age (Under Age 18)**

This is to certify that I, \_\_\_\_\_ (*please print name*), as the parent/guardian with legal responsibility for the above named Participant, consent and agree to the above Acceptance and Authorization and, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this Acceptance and Authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**



**2013 FBU International All-American Bowl  
Participant Insurance and Health Information**

**PARTICIPANT IS REQUIRED TO BE COVERED BY MEDICAL/ HOSPITAL INSURANCE**

Participant Name \_\_\_\_\_  
Insured Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Insured Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Carrier or Plan Name \_\_\_\_\_ Group Number \_\_\_\_\_  
Address \_\_\_\_\_

Policy Holder or Insurance ID Number \_\_\_\_\_

**PARTICIPANT HEALTH HISTORY**

**ALLERGIES:**

Medication \_\_\_\_\_  
Food \_\_\_\_\_  
Other \_\_\_\_\_

**MEDICATIONS BEING TAKEN:**

Prescription (*please include dosage and times taken*) \_\_\_\_\_  
Nonprescription (*please include dosage and times taken*) \_\_\_\_\_  
\_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

The above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

**For Parents/ Guardians of Participants of Minority Age (Under Age 18)**

This is to certify that the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED



## **2013 FBU International All-American Bowl Participant Release of Liability and Assumption of Risk**

In consideration of being allowed to participate in the 2013 FBU International All-American Bowl during the week of December 30, 2012 through January 6, 2013 (the "Game"), practices for the Game, and other events and activities related to the Game (collectively, the "Game Events"), I, \_\_\_\_\_ (*please print name*), the undersigned, acknowledge, appreciate, agree and understand that:

- 1.** The risk of injury from the activities involved in the Game and Game Events is significant, including, but not limited to, the potential for disabling or permanent injury or paralysis and death and, while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist;
- 2.** I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the Released Parties (defined below) or others, and assume full responsibility for my participation in the Game or Game Events;
- 3.** I willingly agree to comply with the stated and customary terms and conditions for participation in the Game or Game Events. If, however, I observe any unusual or unanticipated hazard during my presence at or participation in the Game or Game Events, I will remove myself from such participation and bring such hazard to the attention of the nearest official, supervisor or other representative immediately;
- 4.** I am aware of, and agree to comply with, all rules, regulations, bylaws and official interpretations of my state association and any national federation responsible for administering or regulating interscholastic athletics, and of the NCAA or other regulatory authority, as such may be applicable to my participation in the Game or Game Events. I understand the consequences, if any, including, but not limited to, my ability to participate in future athletic contests in any sport at the high school, collegiate or other level, that may occur under such rules, regulations, bylaws and official interpretations, as a result of my participation in the Game or Game Events or from my noncompliance with or disregard of such rules, regulations, bylaws and official interpretations;
- 5.** I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless All-American Games Inc, its assigns, successors, other individuals, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Game Events, participating in or otherwise associated with the Game or Game Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Released Parties"), with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release of Liability and Assumption of Risk Agreement freely and voluntarily, without any inducement or coercion.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE SIGNED

**For Parents/ Guardians of Participants of Minority Age (Under Age 18)**

This is to certify that I, \_\_\_\_\_ (*please print name*), as the parent/guardian with legal responsibility for \_\_\_\_\_ (*please print name*), the above named Participant, consent and agree to the attached Release of Liability and Assumption of Risk inuring to the benefit of the Released Parties and, for myself and

on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Released Parties with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
EMERGENCY PHONE

\_\_\_\_\_  
DATE SIGNED

**EMERGENCY PHONE TYPE (CIRCLE ONE):**    **CELL**                      **HOME**                      **WORK**                      **OTHER**

**Please return by December 21, 2012**