



NOTE: THIS IS NOT A REGISTRATION FORM. YOU MUST COMPLETE THE ONLINE REGISTRATION PROCESS TO BE REGISTERED.

2016 FBU Experience

Player Authorization, Injury Waiver & General Release Form

As a participant in the FBU Experience ("Event"), I acknowledge that participation in the Event exposes me to a possible risk of personal injury. I, hereby release All American Games ("Company") 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 Company and its 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 the Company the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my photograph, likeness, recorded voice or videotaped filmed appearances obtained in connection with the Event (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 be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns.

DATE: _____

PARTICIPANT PRINTED NAME: _____ STREET ADDRESS: _____

PARTICIPANT SIGNATURE: _____ CITY, STATE, ZIP: _____

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

The undersigned ("Parent"), parent of _____ ("Subject"), hereby consents to, affirms, and, on behalf of Subject, agrees to be bound by the Injury Waiver and General Release Form attached hereto which has been signed by Subject. Parent also represents, warrants and agrees that Parent is entitled to the care and custody of Subject and is Subject's legal guardian; that during the minority of Subject and for a reasonable time afterwards, Parent will use all reasonable efforts to prevent Subject from attempting to or actually disaffirming the Player Authorization, Injury Waiver & General Release Form signed by Subject; that Parent hereby acknowledges that Parent has read the Player Authorization, Injury Waiver & General Release Form and is satisfied that it is fair and equitable for the benefit of Subject; and that Parent will not revoke this consent and approval.

Parent understands that Company is not a health care provider or health plan covered by HIPPA privacy regulations concerning patient medical records, but further understands that Senior Staff of Company are potentially "involved in the care" of Subject and need to receive information necessary to address injuries and/or receive information concerning fitness for participation in the Event to protect the health and safety of Subject. I acknowledge, agree and authorize that personal health information of Subject may be released and disclosed to the Senior Staff of the Company and any physicians or other health care professionals utilized by the Company, whether they are paid for their services or volunteer their time, or any other EMT, hospital, physician or other health care professional, who evaluates, diagnoses or treats Subject as a result of an injury or other condition incurred by Subject while participating in the Event. In the event Subject incurs an injury or other condition during his participation in the Event that requires treatment, I hereby authorize the administration of any treatment deemed necessary by the health care professionals.

SIGNATURE: _____

RELATIONSHIP TO SUBJECT: _____

NAME (PRINT): _____

DATE: _____

PHONE NUMBER: _____