Approved:	
Denied:	П

Player Number: \_\_\_\_



## **TEAM FINAL RED 610ERS Injury Waiver and General Release**

## MUST BE RETURNED ON 1st Day of tournament at Registration!

As a participant in any Team Final Red / ESYC Elite / East Side Youth Center Tryouts, Skills & Drills, Tournaments and/or Team Events, I acknowledge that participation in any of said events exposes me to a possible risk of personal injury. I, hereby release East Side Youth Center and any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates from any and all liability for property damage, personal injuries or other claims arising from or in connection with my participation in the camp, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

This release also gives Team Final Red / ESYC Elite / East Side Youth Center the absolute and irrevocable right and permission with respect to the photographs/video that they have taken of me or in which I may be included with others. East Side Youth Center has the ability to use, to re-use, publish and republish in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not always by limitation) illustration, promotion, advertising and trade.

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 East Side Youth Center and any of 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 and discharged by me.

I acknowledge that I have read and fully understand this Injury Waiver and General Release Form. This agreement will be binding on me, my spouse, my children, my legal representatives and my heirs, successors and assigns.

DATE:PA	ARTICIPANT NAI	ME:	
Email Address:		DATE OF BIRTH:	
Address:			
Mobile Number:	Grade:	School:	
The undersigned ("Parent"), or ("Guardian") or	of		("Subject"),
hereby consent to affirm, and, on behalf of su	ıbject, agree to b	e bounds by the Injury Wai	ver and General Release
Form attached hereto which has been signed	by subject. Parer	nts also represent, warrant	and agree that Parents
(is) (are) entitled to the care and custody of S	ubject and (is) (a	re) Subject's legal guardian(	s); that during the
minority of Subject and for a reasonable time	afterwards, Pare	ents will use all reasonable o	efforts to prevent Subject
from attempting to or actually disaffirming th	e Injury Waiver a	ind General Release Form s	igned by Subject; that
Parents hereby acknowledge that Parents have	ve read the Injury	Waiver and General Releas	se Form and are satisfied
that it is fair and equitable for the benefit of S	Subject: and that	Parents will not revoke this	consent and approval.
PARENT PRINT NAME:	S	IGNATURE:	