OFFENSE-DEFENSE FOOTBALL CAMPS INJURY WAIVER AND RELEASE FORM

As a participant in this Offense-Defense Event ("Event"), I acknowledge that participation in the Event exposes me to a possible risk of personal injury. I hereby release Offense-Defense Sports ("Company") and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors, and affiliates from all liability from property damage, personal injuries, or other claims 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 Offense-Defense Sports ("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:/ PAR	TICIPANT NAME:
successors, and assigns.	
	hereto which has been signed by Subject. Par entitled to the care and custody of Subject and and for a reasonable time afterwards, Parent(s) to or actually disaffirming the Injury Waiver and acknowledges that Parent(s) have read the Injury
PARENT/GUARDIAN NAME (PRINT)	:
RELATIONSHIP TO CAMPER:	PHONE:
DATE:// SIGI	NATURE: