Legends Football Camp
Athletic Waiver

June 24th and 25th, 2023
10am - 12pm

Athlete Name:
Date of Birth:
Address:
Name of Parent/Legal Guardian:
Phone:
Emergency Contact:
Phone:
Allergies:
Medical Conditions:
Medications:

I understand that the risk of participating in any sport is the risk of injury. The athlete agrees to obey all safety rules and regulations while participating in the activities and games being held by Legends Football Camp. By signing this form, I hereby release Legends Football Camp and its affiliates, coaches, and organizers from any liability regarding my child and his/her participation in the activities they are providing. I certify that the athlete is in good health and there is no reason that he/she cannot safely participate in strenuous physical activity.

Name:
Date:
(Parent/Guardian Signature)

PHOTO Release Form

I hereby grant permission for Siloam to use photographs and/or videos of Rasheed Philson taken on June 24th and 25th in Legends Football Camp publications, new released, online and any other communications related to the mission of Siloam.

Name:
(Parent/Guardian Signature)

Certification

I hereby confirm that my responses are true and correct. By completing and signing this form, I confirm to the Legends Football Camp that my presence at Kroc Center in New Jersey will not knowingly put anyone at risk of exposure to COVID-19. If at any point in time my answers to any of these questions change, I confirm that I will notify Legends Football Camp of the changes before returning to the location.

Student/Associate/Contingent Worker signature_____Date_____

Media Release Form

Please read this notice carefully before signing this Authorization.

The purpose of this Authorization

We want to know if it is OK to use your name, photo, and story. We want to make sure it is also OK to use any comments you share with us. This may include information about your health history.

Legal language: If you choose to provide this Authorization, you will be permitting **Legends Football Camp** and its affiliates• to use and communicate your experiences

and other information about the services you received from **Legends Football Camp**. We may use and disclose your name, age, photograph, video, and/or statements and testimonials about the services you received or the progress of your health or health condition (referred to collectively as "Photographs and Stories"). If you provide this Authorization, **Legends Football Camp** and its affiliates may use or disclose your Photographs and Stories for the following purposes:

- In print or broadcast media, Internet publications, or journals.
- For presentations and publications.
- For educational materials.
- For promotional materials and company publications to publicize the event.

This Authorization is voluntary

It's your choice to sign this form. By signing, you agree we can use your photographs and stories without payment.

Legal language: This Authorization is voluntary, and you are not required to sign it. You understand that you will not be entitled to any payment or compensation as a result of **Legends Football Camp;** and/or its affiliates using or disclosing your Photographs and Stories for the purposes outlined in this Authorization.

This Authorization may be canceled. **Even if you sign the form, you can still change your mind. Just let us know by emailing sdibianca@siloamwellness.org. Once we receive the cancellation, we will stop using your information. Your information may still be used by those it was released to before your cancellation. This is because it was already made public. Please know, we cannot take back any information we shared before your cancellation.**

Legal language: Even if you sign this Authorization now, you may cancel this Authorization if you change your mind and no longer want your Photographs and Stories used or disclosed for the purposes

identified in this Authorization. You must send a written notice of your cancellation to Legends Football Camp**.** Any cancellation will be effective only for future uses and disclosures of your Photographs and Stories. Your cancellation will not be effective for any uses, disclosures, and/or publications that we already made relying on this Authorization. In addition, you understand that your Photographs and Stories used or disclosed pursuant to this Authorization may be re-disclosed by persons receiving this information (for example, in a publication), and your Photographs and Stories will no longer be protected by federal privacy laws and other applicable federal and state law. Even after cancellation of this Authorization, we may retain copies of any electronic or printed versions of publications using your Photographs and Stories. Your cancellation will extend only to versions of this information within our control that have not been previously published.

You are authorizing **Legends Football Camp** and its affiliates to use and/or disclose is as follows

Media Release Form

Please read carefully and check the three check boxes below. If all three boxes are not checked, we will not be able to use your photographs and stories.

xx□✔

It is OK to use my photo and information for your company's personal business.

Legal language: I authorize **Legends Football Camp** and its affiliates to use the information described above in communications and publications produced by or on behalf of **Legends Football Camp** and its affiliates. This Authorization extends to electronic versions of publications, websites, and other internet; electronic applications of **Legends Football Camp** and its affiliates,

as well as to printed, filmed, and taped versions.

✔xx□ It is OK to share my photo and information with the general public.

Legal language: I authorize **Legends Football Camp** and its affiliates to disclose my described above to the general public, including but not limited to news and electronic media, Internet/online publications, TV, radio, newspapers, and/or magazines.

✔xx□ It is OK if you use my photo and information. I know you cannot control how my photo and information are used when they are made public.

Legal language: I hereby release, hold harmless, and forever discharge **Legends Football Camp** and its affiliates, including their officers, directors, associates, agents, and contractors, from any and all liability, claims, or damages of whatever nature arising from or in connection with any unauthorized reproduction, publication, or other use or disclosure of above by any person or entity other than **Legends Football Camp** and its affiliates, as well as their officers, directors, associates, agents, and contractors.

Please read carefully and check the check box that best applies to you

□ I am a Legends Football Camp member

First name:	Middle initial:	Last name:
Member ID (if applicable):	Date of birth	
Phone number:		
Parent, guardian, or legal representative's first name (if applicable):		Last name:

Signature (self or parent, guardian, or legal representative if subject is a minor): Parent
Today's date: *I*
Today's event, if applicable:

Please email the completed form to Siloam Wellness at sdibianca@siloamwellness.org.

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