



National Select 7on7 Championships

2010 Waiver & Player Registration Form

By signing this release, I grant permission for my minor child ("my Son" or "the Child") to participate in the **[Regional Qualifier for the National Select 7 on 7 Championship]/[National Select 7 on 7 Championship]** (the "Event"). I agree to comply with all rules and regulations of the Event and to ensure that my Son complies with all rules and regulations of the Event.

In granting this permission and signing this release, I hereby release, discharge, and hold harmless National Select 7 on 7 Championships, LLC, the owners of the facilities where the Event will be held, and all of their respective agents and employees from and against all causes, liabilities, damages, claims or demands whatsoever arising out of or resulting from my Son's attendance at or participation in the Event and/or my attendance at or participation in the Event.

In signing this release, I understand that participating in a football tournament such as the Event is a dangerous activity and involves the risk of injury, including but not limited to, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons and other serious injury or impairment to other aspects of the Child's general health and well-being as well as the potentially high cost of medical care and the potential for future impairment to my Son. I agree to comply with, and to ensure that my Son complies with, all recommendations of administrators, coaches, athletic trainers, and doctors concerning injury prevention and emergency care. I consent to any and all health care providers designated by **[Select 7 on 7]** to provide my Son any necessary medical care as a result of any injury or illness suffered during the Event, and I acknowledge that any such medical care provided during the Event is furnished on a Good Samaritan basis, and Select 7 on 7 assumes any obligations or liability with regard to such medical care.

I further acknowledge that some portions or all of the Event will be recorded on video and/or in still photographs. I consent to such video recording and/or photography, and acknowledge that such video recordings and/or photographs may contain my Son's name, likeness, image, voice, interview(s) and performance. Select 7 on 7 may use and authorize others to use all or parts of the video recording and/or photographs for any purpose, including but not limited to promotional materials regarding this Event or future events and broadcasting of such video recording through any means including web-casting and/or distributing DVDs. Select 7 on 7 and its successors and assigns, shall own all rights, title and interests, including the copyright, in and to the video recordings and/or the still photographs, to be used or not used as Select 7 on 7 shall determine in its sole discretion. I understand and acknowledge that neither I nor my Son are entitled to, nor will we receive, any compensation as a result of the taking of such photographs, the making of such video recording, or of the subsequent use of such photographs and/or video recording.

PLAYER NAME (printed): _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

National Select 7on7 Championships, LLC

2539 John Hawkins Pkwy, Ste. 101-181, Hoover, AL 35244

Fax 866-311-7569, Email select7on7@charter.net Web: www.select7on7.com