



## **ABOVE IT ALL 7-ON-7 PARTICIPATION WAIVER**

### **Please Print**

Name of Participant (First and Last): \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

### **Insurance Information:**

Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### **PARENT/GUARDIAN Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (Required if under 18 years old): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

### **Medical & Liability Release + Photo Use Grant**

#### ***Medical & Liability Release Agreement (MUST be accepted to participate)***

In consideration of the acceptance of my application for entry into participation in the above event/activity, I hereby waive, release and discharge any and all claims for damages which my child may have or which hereafter accrue to him/her against Above It All and its affiliates/partners/directors/advisors/volunteers as a result of his/her participation in the event/activity. This includes me and any family members on site. I hereby waive, release and discharge Mount Diablo High School, and the Mount Diablo Unified School District. I agree to view from authorized areas and stay off of all school equipment and from underneath the stadium bleachers.

I hereby release, discharge and/or otherwise indemnify Above It All, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the event/activity, against any claim by or on behalf of my child as a result of my child's participation in the event/activity.

**I authorize Above It All and its affiliates/partners to use photographic and videography images of my child for marketing communications, website and social media.**

I accept the waiver \_\_\_\_\_

Signature of Parent

Date