

Crossover Athletics Waiver Form

Participant Information:

Full Name: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____ Age: _____

In case of emergency please notify: _____

Relationship: _____ Phone Numbers: _____

Allergies: _____

Waiver

I hereby waive any right to bring litigation against Crossover Athletics or any of their employees, volunteers, and partnering churches as a result of any or all injuries, damages or losses sustained while participating in Crossover Athletics Events.

For valuable consideration received, I give Crossover Athletics, their assigns, licensees, and legal representatives, the irrevocable right to use my picture, portrait or photograph in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purposes.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

In case of an emergency, I hereby give permission to the physician selected by the director to hospitalize or secure proper treatment of the person listed above on this form. If at all possible parents will be notified for medical treatment.

Signature: _____ Date: _____

(Must be signed by legal guardian if participant is under 18 years of age)