Liability
I agree to indemnify and hold harmless USM, IDS, MACE, all employees, agents or representatives of same, from damages to property or injuries to myself, and/or any other person, and any other losses, damages, expenses, claims, demand, suits, and actions.

Photo Release
I consent to interview(s), photography, or videotaping for publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the IDS, MACE, or NWSA Website, fundraising, or any other purpose as designated by the Director or Associate Director. I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, or film taken by IDS, MACE, NWSA, or the person or entity designated by it. I understand that video, film, or sound recording will be kept in a secure location to prevent misuse. I understand that they are the sole property of IDS, MACE, or NWSA.

Emergency Contact Information:
In the event of an illness, injury or medical emergency, I authorize USM, IDS, MACE, and/or NWSA to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my or my minor child’s immediate care. I agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment rendered to me or my minor child including medications and hospitalization. I represent that I have secured adequate insurance against any injury or loss that I or my minor child might sustain during, or as a result, of the 2016 NWSA WSWS. The following should be contacted in the event of an emergency.

Emergency Contact’s Name: _______________________
Relationship: __________________________

Phone/Main ____________________________
Phone/Alternate ____________________________

I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

____________________________________________________________________________
Player’s Printed Name Signature of Responsible Party Date

__________________________
Revised 02/09/2015