

# FOOTBALL UNIVERSITY



By Position.  
By Professionals.  
By Invitation Only...

THIS IS NOT A REGISTRATION FORM. YOU MUST COMPLETE THE ON LINE REGISTRATION PROCESS TO BE REGISTERED.

## 2012 FBU Experience Player Authorization, Injury Waiver & General Release Form

As a participant in the FBU Experience ("Event"), I acknowledge that participation in the Event exposes me to a possible risk of personal injury. I, hereby release All American Games- Football University, LLC ("Company") and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, from any and all liability from property damage, personal injuries or other claims arising from or in connection with my participation in the Event including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against All American Games, LLC (Company) and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released or discharged by me.

For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quitclaim to the Company the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my photograph, likeness, recorded voice or videotaped filmed appearances obtained in connection with the Event (the "Materials") for promotional and advertising purposes or programs as Company in its sole discretion will deem appropriate.

I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver, and General Release Form. This agreement will be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns.

DATE: \_\_\_\_\_

PARTICIPANT PRINTED NAME: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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**PARENTAL CONSENT** (To be filled out if participant is under the age of 18)

The undersigned ("Parent"), parent of \_\_\_\_\_ ("Subject"), hereby consent to affirm, and, on behalf of Subject, agree to be bound by the Injury Waiver and General Release Form attached hereto which has been signed by Subject. Parents also represent, warrant and agree that Parents (is)(are) entitled to the care and custody of Subject and (is)(are) Subject's legal guardian(s); that during the minority of Subject and for a reasonable time afterwards, Parents will use all reasonable efforts to prevent Subject from attempting to or actually disaffirming the Injury Waiver and General Release Form signed by Subject; that Parents hereby acknowledge that Parents have read the Injury Waiver and General Release Form and are satisfied that it is fair and equitable for the benefit of Subject; and that Parents will not revoke this consent and approval.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME AND RELATIONSHIP TO SUBJECT: (please print)

NAME (PRINT): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Fax Form to 973-366-8449**

