



Football University

By Position.
By Professionals.
By Invitation Only.

NOTE: THIS IS NOT A REGISTRATION FORM. YOU MUST COMPLETE THE ONLINE REGISTRATION PROCESS TO BE REGISTERED.

2015 FBU Top Gun Showcase
Player Authorization, Injury Waiver & General Release Form

As a participant in the FBU Top Gun Showcase ("Event"), I acknowledge that participation in the Event exposes me to a possible risk of personal injury. I, hereby release All American Games ("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 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, the receipt of which is hereby acknowledged, I hereby grant, release, quitclaim and irrevocably release to the Company and the Company's sponsors of the Event, including, without limitation, adidas, Gatorade, SKLZ, National Collegiate Scouting Association, Battle Sports Science, Eastbay, the U.S. Army, NewTek, YFBCA, 247Sports, XOS Digital, qb-tee, the Dublin Convention & Visitor's Bureau and Nationwide Children's Hospital Sports Medicine, (collectively, the "Sponsors," and together with the Company, the "Grantees", and individually, a "Grantee"), the right and authority (but not the obligation) in perpetuity throughout the world, in all media, now or hereafter known, to use, sell, reproduce, and distribute (in any manner they deem appropriate, and without limitation), quoted material, biographical information, my actual or fictitious name, my photograph, likeness, recorded voice or videotaped filmed appearances obtained in connection with the Event (the "Materials"), to use in connection with a Grantee's programs, products and promotional and advertising purposes as the Grantee, in its sole discretion, will deem appropriate.

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.

ADDRESS, CITY, STATE, ZIP: _____
PARTICIPANT PRINTED NAME: _____
PARTICIPANT SIGNATURE: _____ DATE: _____

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

The undersigned ("Parent"), parent of _____ ("Subject"), hereby consents to, affirms, and, on behalf of Subject, agrees to be bound by the Injury Waiver and General Release Form attached hereto which has been signed by Subject. Parent also represents, warrants and agrees that Parent is entitled to the care and custody of Subject and is Subject's legal guardian; that during the minority of Subject and for a reasonable time afterwards, Parent will use all reasonable efforts to prevent Subject from attempting to or actually disaffirming the Player Authorization, Injury Waiver & General Release Form signed by Subject; that Parent hereby acknowledges that Parent has read the Player Authorization, Injury Waiver & General Release Form and is satisfied that it is fair and equitable for the benefit of Subject; and that Parent will not revoke this consent and approval.

Parent understands that Company is not a health care provider or health plan covered by HIPPA privacy regulations concerning patient medical records, but further understands that Senior Staff of Company are potentially "involved in the care" of Subject and need to receive information necessary to address injuries and/or receive information concerning fitness for participation in the Event to protect the health and safety of Subject. I acknowledge, agree and authorize that personal health information of Subject may be released and disclosed to the Senior Staff of the Company and any physicians or other health care professionals utilized by the Company, whether they are paid for their services or volunteer their time, or any other EMT, hospital, physician or other health care professional, who evaluates, diagnoses or treats Subject as a result of an injury or other condition incurred by Subject while participating in the Event. In the event Subject incurs an injury or other condition during his participation in the Event that requires treatment, I hereby authorize the administration of any treatment deemed necessary by the health care professionals.

RELATIONSHIP TO SUBJECT: _____ PHONE NUMBER: _____
PRINTED NAME: _____
SIGNATURE: _____
DATE: _____



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Nationwide Children’s Hospital and Football University understand that Nationwide Children’s Hospital athletic trainers are considered “health care providers” under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Family Educational Rights and Privacy Act (FERPA) and the Ohio Student Records Act (OSRA), and are subject to FERPA/OSRA’s rules and regulations. Nationwide Children’s Hospital and Football University agrees that the coaching staff are “involved in the care” of the student athlete. This allows the coach and staff to receive information necessary to address injuries and to receive information concerning fitness for practice or competition to protect the health and safety of the student athlete. Football University agrees that it will distribute information and collect documents supplied by Nationwide Children’s Hospital that are necessary for Nationwide Children’s Hospital to comply with HIPAA. This information will be distributed as part of the sports participation agreement that the athletes and parents must sign at the beginning of participation. Both parties agree that the confidentiality of medical information is of the utmost importance and that any athlete medical information received by each party shall be kept strictly confidential.

Athlete Insurance Information:

SUBSCRIBER’S NAME: _____

SUBSCRIBER’S D.O.B.: _____

SUBSCRIBER’S ADDRESS: _____

ID NUMBER: _____

GROUP NUMBER: _____

CLAIMS ADDRESS (LOCATED ON BACK OF INSURANCE CARD): _____

Parent/Guardian Signature:

SIGNATURE: _____

NAME (PRINT): _____

RELATIONSHIP TO SUBJECT: _____

DATE: _____

Athlete Signature:

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

E-Mail Completed Waiver to registration@footballuniversity.org or Fax to (973) 366-8449

Football University

100 Forge Way

Rockaway, NJ 07866

(877) 247-7728