

Select 60

Waiver and Release Form

Name of Participant: _____

Name of Parent/Guardian: _____

I, the undersigned, hereby assign to Select 60 Showcase and MW United, Inc. all rights to any still photographs, videotapes, motion pictures, sound interviews, or any combination thereof made of me or my dependent by the above mentioned staff or its contractual personnel. I further give my permission for these photographs, videotapes, motion pictures, and sound recording with my name in connection within to be released for public viewing and used for website, brochure, videotapes, or newsletters.

My child has been medically cleared to participate in sporting activities. I am not aware of any injury, illness, or other health concerns that would restrict or limit my child's ability to play competitive sports. I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in the Select 60 Showcase. I will not hold Select 60, MW United, Inc. or Charlotte Mecklenburg Schools liable for any injury that may be associated with the event.

Signature of Parent/Guardian

Date