

Parent/Guardian Signature

3905 Jackson Street, Suite 120 Irving, TX 75061

Phone: (972) 514-1485

Website: www.sfathletes.com

Date

Registration, Consent and Release Form S&F Kids Got Talent Show May 6, 2017

Registration Youth or Group Name: ______ Last Date: Age: ____ Grade: ___ Gender: Male__ Female __ Solo: ____ Group: ____ Name of School: ______ Contact #: _____ Emergency Contact Name: _____ Phone Number: _____ Consent and Release Please initial each of the following _ I agree to follow all event guidelines and understand that any violation may result in not participating in the event. I release S and F Athletes of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any S and F Athletes mentors, staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. I agree to allow S and F Athletes to use any photographic image of my child taken while participating in the S and F Kids Got Talent Show and any other events. These images may be used in promotions or other related marketing materials. By signing below, I give my permission for my child/children to participate in the S&F Kids Got Talent Show and I agree to all of the above-stated terms and conditions of this Consent and Release.