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**Participation Release and Media Authorization**

I request that my daughter be able to attend and fully participate in the activities and events for **the Girls LAX Kick-Off Clinic & Skill Competition** held on Sunday, April 15, 2018 from 9:00 am-11:00 am and/or 11:00 am - 1:00 pm, at The Ursuline School.  I understand that the day involves physical participation and that some activities may involve a risk of injury.   This is a “drop off” event, but you are welcome to remain and observe the full clinic from the bleachers.

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I release all liability if any misfortune or injury should occur while my daughter is participating in or while attending this event. I hold harmless The Ursuline School and any teacher, student and volunteer connected with running these activities and release any and all persons involved in this event including any liability of The Ursuline School.

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my child/children of whom I am the parent/designated guardian. I hereby grant The Ursuline School the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and reuse of said images in any and all media in existence and all media yet in existence including, but not limited to video, print, television, Internet, and Podcasts.

I forever grant, assign, and transfer to the School any right, title and interest that I and/or my child/children have in any images, including negatives, taken of me and/or my children by the School.  I hereby agree to release, indemnify and hold harmless the School from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization and the events associated with this day.

*Lax Clinic 2018*

*Sunday, April 15, 2018*

**Participation Release and Media Authorization**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_

Best phone number for parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Child Insurance Information (carrier, and policy number, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

By signing the above, you as the Parent/Guardian acknowledges that you have read, understand and agree to all stated in the Participation and Release for “The LAX Clinic” held on April 15, 2018 and sponsored by members of The Ursuline School.