



RELEASE MEDICAL & MEDIA

Complete and fax to return w/signatures

NAME: **AGE/DOB** **DIVISION:**

The undersigned shall here by agree to indemnify Camp Tisdale Community Center along with any agents there of, including its board and officers, staff and employees, coaches and teachers, athlete and general membership to any property or personal loss, damage, and or liability that may be suffered or incurred while training at the facility located at 1200 Marquette Street, Lansing, MI. 48906.

Furthermore, by signing this waiver, the undersigned agrees to not hold Camp Tisdale or any of their before mentioned agents liable legally for any claims, demands, and causes of action that my be brought later, caused by, arising out of, or in any way connected with Camp Tisdale and Camp Tisdale Community Center or again, any of its said agents at any time, nor the owner of the facility in question whereas the training is being conducted

Applicant's full name printed (parent also below if minor - mandatory)

Applicant's signature: Date signed:

Applicant's parent/guardian's printed name & relationship to minor:

Parent/guardian's signature Date signed:

The undersigned further agrees by signing below to allow Camp Tisdale, and any agents there of, to photograph and video tape them "openly" during any training, competition, fundraiser, or other applicable activity involved with, both before, during, and after, or even while enroutte to and from, along with either "off campus", or while at the actual Camp Tisdale Community Center, located at 1200 Marquette Street, Lansing, MI. 48906.

By signing below, the undersigned not only agrees to be filmed and video taped, but to not only Camp Tisdale, or any agents there of, responsible for any possible damages resulting in the public release later there of, and understands that any footage captured on tape or film, digital or other, will always remain 100% property of Camp Tisdale, with rights reserved to use the footage as it sees fit for program promotions or other, up through the future.

Applicant's full name printed (parent also below if minor - mandatory)

Applicant's signature: Date signed:

Applicant's parent/guardian's printed name & relationship to minor:

Parent/guardian's signature Date signed:

Emergency contact's name/relationship to applicant: Phone:

Upon completion & signature, please fax back to Camp Tisdale Community Center at (866) 859-5544