2018 - 19 Our Vision Sports Education Foundation, Inc.
Tygtal Exposure College Scouting ID Showcase
Participant Authorization, Injury Waiver & General Liability Release Form

Liability Acknowledgement: As a participant in *Tygtal Exposure College Scouting ID Showcase*, I, _____ acknowledge that participation in the Event exposes me to a possible risk of personal physical injury. I hereby release Our Vision Sports Education Foundation, Inc. and its officers, directors, employees, volunteers, agents, licensees, subsidiaries, consultants, independent contractors, sponsors and partner affiliates, including but not limited to Benedict College and TYGTAL Exposure & Sports Consulting and all of their agents, consultants, and independent contractors (collectively "Our Vision Sports Education"), from **ANY AND ALL** liability from property damage, personal injuries or **ANY OTHER** claims arising from or in connection with my participation in the Tygtal Exposure College ID showcase, including claims that are known and unknown, foreseen and unforeseen, future or contingent. The Event shall include, but is not limited to, all practices, meetings, games and transportation to and from all activities related to the Event. I acknowledge 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 the Company and all above listed entities, arising out of or relating to the actions, cause of action, claims and demands hereby waived, released or discharged by me.

Medical Treatment Acknowledgement: I acknowledge and hereby grant consent for Our Vision Sports Education Foundation Athletic Training staff to provide any and all Sports Medicine treatment during the course of the actual Event, as deemed necessary and reasonable. The undersigned gives further consent for emergency medical treatment of a participant/minor in a licensed hospital or medical center by a licensed Georgia physician should his/her condition require it in the absence of the undersigned. As long as the medical or surgical treatment necessary is in accordance with generally accepted standards of medical practice, the undersigned imposes no specific limitations or prohibitions regarding treatment.

Image & Likeness Acknowledgement: I acknowledge and 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 the Company in its sole discretion will deem appropriate.

Insurance Acknowledgement: The Tygtal Exposure College ID Showcase, is insured through Scottsdale Insurance Company. This coverage DOES NOT include medical "payments" for participants, but is limited to the negligent occurrence of injury on behalf of the Company. This is coverage which pays the medical expenses incurred by a "participant" when an accidental injury occurs out of negligence by the Company, while participating in the Event.

Participant/Guardian Acknowledgement: *I acknowledge that I have read and fully understand this Participant Authorization, Injury Waiver and General Liability Release Form* without unjust cause. This agreement will be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns. By signing this release, I verify that the signed participant has sufficient medical insurance in effect during the period of Decemer 2nd, 2018.

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

DATE: _____ PHONE: _____

PARTICIPANT PRINTED NAME: _____

PARTICIPANT SIGNATURE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

RELATIONSHIP: _____ EMAIL:_____