



PERMISSION - USE OF NAME AND LIKENESS FOR PUBLICITY AND DISPLAY OF IMAGES ON THE EBI WEBSITE AND OTHER MEDIA

Players' Full Name: _____

By participating voluntarily, and on my own accord in the Edge Basketball International ("EBI"), I hereby grant EBI, its agents and licensees, and other authorized media including television, radio, and newspapers, unrestricted permission to:

- 1) Use and re-use my name, photograph, voice, likeness, and biographical information including the use of such information or likeness on television and in any other media for any purpose and for use in publicity and advertising in all media.
- 2) Use, encode, digitize, copy, edit, excerpt, transmit and display on videotape, digital video stream, or any other media form, my participation;
- 3) Use and re-use my name, voice, photograph, likeness, biographic information, in connection with the EBI Website(s); this permission shall apply to all activities in which I participate as part of EBI including its extended or subsequent related activities.

I/we understand that the above information will be distributed to members of the public and media to: publicize the activities of EBI as well as the performance of individual participants; promote EBI as an organization in the sports community; and communicate information to participants and their families the success of EBI.

I/we understand that the participants name and likeness may be included on the EBI website(s) and that performances may be webcast over the Internet to interested persons of EBI and members of the public at large, and may be videotaped and/or digitally captured for later webcast, broadcast and/or transmission. This grant includes without limitation perpetual rights for both internal use and for licensing, sale, or other transfer of the videotapes or digital files to third parties, and includes transmission and display over the Internet. This permission is irrevocable and royalty free and I understand that EBI will act in reliance on this permission.

I/we are the parent/legal guardian of the participant and minor listed above and have the authority to make this agreement on behalf of the participant.



***Parent or Legal Guardian Signature**

***Date**

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

Players' Full Name: _____

I/We the undersigned parent, parents or legal guardians of the above name minor, do hereby authorize in the event of an injury, accident, or illness, EBI, its coaches, team representatives, directors, officers, agents, and assignees to seek and obtain care and medical treatment as shall be necessary under the circumstances.

I/We hereby authorize and direct the above named to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my aforementioned agents to give specific consent to any and all such diagnosis which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if undersigned cannot be reached. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document.

***Parent or Legal Guardian Signature**

***Date**