

AGREEMENT • WAIVER • CONSENT FORM



2441 W HORIZON RIDGE PKWY • SUITE 119
HENDERSON, NV 89052
(702) 506-5213 • WWW.1SPORTSRX.COM

Team _____ **Years Played** _____ **Sport(s)** _____

Participant's Last Name _____ First Name _____

Gender _____ Birth Date _____ Cell _____

Email _____

Notable Injuries _____

Player Rep: _____ **Phone** _____

MUST HAVE: (Parent's Info if minor client)

Address: _____

Parent Name: _____ Home # _____ Cell# _____

Parent Name _____ Home # _____ Cell# _____

E-MAIL ADDRESS: _____

Additional person to contact "in Case of Emergency."

Name _____ Relationship _____ Phone# _____

Do you and/or your child have any Medical conditions or concerns? If so, please list:

I understand the nature of sport activities and of my experience and capabilities and believe myself and/or the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to release ONE SPORTS RX-TAMPA and any therapist associated with Trench Academy, Rebuild and ONE SPORTS RX - TAMPA from any liability in connection with any injury to myself and/or my child in connection with Sports Performance/Track practices and competitions.

SELF/PARENT/GUARDIAN SIGNATURE

DATE

AGREEMENT • WAIVER • CONSENT FORM

• *Media Consent and Release*

A. I hereby consent to appear in a photographic and/or videotaped presentation (the “PRODUCTION”) for ONE SPORTS RX - TAMPA, LLC.

These images will potentially appear on website or other marketing materials for PRODUCER. I hereby give the PRODUCER the absolute and irrevocable right and permission to use my image in which I am shown relevant to the PRODUCTION and/or photographer portfolio.

B. I also give the PRODUCER the absolute and irrevocable right and permission to copyright same in PRODUCER’S own name and any other name that the PRODUCER might choose.

C. I further give the PRODUCER the absolute and irrevocable right and permission to use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other similar PRODUCTIONS, in any medium and for any purpose whatsoever and to use my name in conjunction if the PRODUCER so chooses.

D. I hereby waive any right to editorial input, to inspect or approve the finished product or products. I further waive any right to editorial input, to inspect or approval of any printed matter that may be used in connection with the PRODUCTION.

E. I understand that this photo or video tape may be reproduced and marketed on a national or International level and that I will receive no monetary compensation for my appearance in the photo(s) or video tape(s).

F. I hereby warrant that I am at least 18 years of age, and that if I am a minor, that I and my legal guardian have every right to contract in my name in the above regard. I further state that I/we have read this Model Consent & Release prior to its execution, and that I/we are fully familiar with its contents.

Athlete’s Signature: _____

Athlete’s Printed Name _____ Date _____

Parent’s signature for athlete(s) under 18 yrs

_____ Date: _____

