



CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND PUBLIC USE OF IMAGES FOR MEDIA PURPOSES

PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned parent/legal guardian, hereby agree to grant Pop Warner Little Scholars, Inc., its officers, directors, employees, partners, sponsors, and any and all affiliated Pop Warner organizations including without limitation regions, leagues, associations, teams and/or squads, (the "Released Parties"), the right to interview, record, photograph, video, stream, and further to display, use and/or otherwise distribute, exploit my and/or my child's face, image, likeness, voice and appearance forever and throughout the world in all media, whether or not herein yet devised, throughout the universe in perpetuity, including but not limited to internet, movies, television, radio, magazines, newspapers and web casts, and for any and all advertising, fundraising and/or promotional purposes without limitation.

I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release. I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of the Released Parties and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to the Released Parties from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits. However, I hereby acknowledge and understand that the Released Parties are under no obligation to exercise any rights granted herein.

Furthermore, I hereby release and forever discharge the Released Parties from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of the information or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

This waiver and release shall be governed by the laws of the State of Pennsylvania.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above and am legally responsible for the participant and authorized to grant this consent.

Participant Information:

Last Name: _____ First Name _____ Middle Initial _____
Date of Birth: _____ Gender: Male Female
Sport: Football Cheer Dance
Name of Local Organization: _____
City and State: _____

Football • Cheer & Dance • Scholastics

Parent/Guardian Information:

Full Legal Name (Please PRINT legibly): _____

Signature of Parent/Guardian Date _____/_____/_____

Pop Warner Little Scholars, Inc

Southeast Region

6847 Tango Lane N. Jacksonville, Fl. 32210

Dennis Connors, Region Director