

# ALAMO CITY RED RAIDERS

## Publications, Video, Internet Consent & Release Agreement

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Players who attend any Alamo City Red Raider (ACRR) events are occasionally asked to be a part of publicity, publications and/or public relations activities. In order to guarantee players privacy and ensure your agreement for your son or daughter to participate, the Alamo City Red Raiders asks that you and the player sign and return this form.

The form referenced below indicates approval for your child's name, picture, voice, verbal statements or portraits (video or still) to appear in ACRR publicity, publications, videos or on the ACRR website. For example, pictures and articles about ACRR activities may appear in local newspapers, websites or other publications. These pictures and articles may or may not personally identify the player. The ACRR may use the pictures and/or videos in subsequent years.

### AGREEMENT

**Student and Parent/Guardian release to Alamo City Red Raiders (ACRR) the student's name, picture, voice, verbal statements, portraits (video or still) and consent to their use by Alamo City Red Raiders.**

ACRR agrees that the student's name, picture, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, ACRR promotion, publicity, instruction and website.

Student and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student statements may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

**Effective Date of Agreement:** \_\_\_\_\_

**Student Name (please print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent/Guardian (please print):** \_\_\_\_\_

**Parent/Guardian Signature):** \_\_\_\_\_

# ALAMO CITY RED RAIDERS

## Medical Consent Form

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NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBERS: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_

Does your child have any severe medical problems, i.e. asthma, allergic to medications, allergic to bee stings, heart trouble, epilepsy, diabetes, physical handicaps, etc? Please specify:

\_\_\_\_\_

Should there be any limits on his/hers physical activity? If so, what are they?

\_\_\_\_\_

Has your child had any serious illness in the last three years? If yes, please explain:

\_\_\_\_\_

May we contact the doctor for medical reports? YES \_\_\_\_\_ NO \_\_\_\_\_

In case of emergency, person to contact if parent/guardian cannot be reached?

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

What relationship is this person to the program participant?

\_\_\_\_\_

Is the participant covered by medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide medical coverage information (Provider).

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Insurance Card # \_\_\_\_\_

When was the last time your son/daughter had a complete physical examination?

Date \_\_\_\_\_ Dr's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, x-rays, drugs, etc) as may be deemed advisable for the period of time that my minor child or legal ward is enrolled as a participant in the Alamo City Red Raiders Organization. If an emergency arises requiring a major medical procedure, the program will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

\_\_\_\_\_

Parent /Guardian Signature

Date

**ALAMO CITY RED RAIDERS**  
**PARENT/GUARDIAN RELEASE OF LIABILITY & INDEMNITY FOR MINOR**  
**CHILD'S PARTICIPATION IN PROGRAM**

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**IMPORTANT DOCUMENT-READ BEFORE SIGNING**

In consideration of (PRINT NAME) \_\_\_\_\_, my minor child or legal ward (my "child"), being allowed to participate in the Alamo City Red Raiders Organization, related events and activities, the undersigned parent hereby acknowledges and agrees as follows:

1. The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment, and personal discipline are designed to reduce the risk. However, there is always a risk of serious injury.
2. I will instruct my Child to comply with the rules governing participation in this program. If I have concern about my Child's ability to participate in the program, or about the program itself, I will remove my Child from participating and immediately inform the nearest program official of my concern.
3. I, for myself and for my Child, and for all heirs, assign, personal representatives, and next of kin of myself and/or my Child, **HEREBY RELEASE** Alamo City Red Raiders, The Alamo City Winter Bowl, their officers, officials, agents, volunteers, and employees, other program participants, sponsors and sponsoring agencies of the program, and owners and lessors of any used to conduct the program ("RELEASEES") **FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF PARTICIPATING OF THE MINOR IN THE PROGRAM, WHETHER ARISING FROM THE SOLE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.**
4. I **HEREBY ASSUME ALL RISK OF INJURY**, known and unknown, to my Child arising from participation in the program, **AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.**
5. I, for myself and my Child, and for all of heirs, assign, personal representatives and next of kin of the Minor, **HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES, AND EACH OF THEM, FOR ANY AND ALL LIABILITIES INCIDENT TO THE PARTICIPATION OF THE MINOR IN THE PROGRAM, EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.**

**I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.**

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

**I HAVE READ THE PARAGRAPH ABOVE AND UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT. I WILL ACCEPT ALL RISK OF BEING HURT, KNOWN AND UNKNOWN, AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.**

Signature of Minor Participant: \_\_\_\_\_ Dated: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_