

Kingdom Impact Athletics Official Release Form 2011-2012

I desire to participate in the Kingdom Impact Athletic Program. As a willing participant, I unconditionally agree to the following:

I. Waiver of Responsibility:

I do hereby remise, release, and forever discharge Kingdom Impact Inc./KI, any retailer associated with this program, sponsors, directors, officers, employees, agents, insurers, owners, and operators, hereinafter collectively referred to as Releasee, for any incidence of theft, accidents, or other damages that may occur during my participation in the Kingdom Impact Inc./KI Athletic Programs.

II. Release from Liability:

I do hereby remise, release and forever discharge, release Releasee, from all liability for injuries that I may incur as a participant in the Kingdom Impact Inc./KI Athletic Program, including, without limitation, any injuries that I may incur while being transported by Releasee to and from the Kingdom Impact Inc./KI Athletic Programs.

III. Disorderly/Unsportsmanlike Conduct:

I fully consent that any actions that violate the compliance of good sportsmanship and moral brotherhood will result in the immediate disqualification from the Kingdom Impact Inc./KI Athletic Programs.

IV. Authorization to Use Image:

I hereby authorize Releasee to film, photograph, and record any Kingdom Impact Inc./KI Athletic Program and other related events sponsored or managed by Releasee, for advertising, marketing, promotion, or any other purpose. I hereby consent and grant to Releasee and its assigns the non-exclusive right to use my image, voice, name, other likeness, and anything else I provide for use in any all media, worldwide, in perpetuity without expectation of compensation.

I have read this waiver carefully, fully understanding its content, and voluntarily agree to its terms as stated above.

*******All Participants MUST fill out this Agreement*******

Printed Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

Address: _____

If under 18 years of age, Parent/Legal Guardian:

Printed Name: _____

Signature: _____ **Date:** _____