

American College of Sports Medicine
RELEASE

Project or event: NBA/WNBA Fit Event

I hereby grant the American College of Sports Medicine, the NBA/WNBA, the YMCA of San Diego County and After School All Stars permission to use my likeness and performance in photographs, video or audio recording or other reproduction in any or all uses, whether in print, electronic or broadcast media, without payment or any other consideration. I further give permission to the American College of Sports Medicine, the NBA/WNBA and the YMCA of San Diego County to use my likeness and performance in any or all uses, whether in print, electronic, broadcast, online or social media, without payment or any other consideration.

I understand and agree that these images, materials, recordings and performances will become the property of the American College of Sports Medicine, the NBA/WNBA, the YMCA of San Diego County and After School All Stars and will not be returned. I hereby irrevocably authorize the American College of Sports Medicine, the NBA/WNBA, the YMCA of San Diego County and After School All Stars to edit, alter, copy, exhibit, publish or distribute these materials, recordings and performances for purposes of publicizing the its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, regardless of medium, wherein my likeness or performance appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the American College of Sports Medicine, the NBA/WNBA, the YMCA of San Diego County and After School All Stars and its agents or assigns from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I affirm that I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

_____ (Signature)
_____ (Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)