

Terron Armstead Foundation

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____

Date Of Birth: _____

Parents/Guardian First Name: _____

Parents/Guardian Last Name: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Athlete Shirt Size: _____

Waiver of Liability

This agreement releases **Terron Armstead Foundation along with Village of Cahokia Fitness Center and Cahokia High School Cahokia Illinois 62206** from all liability relating to injuries that may occur **during all camp activities**. By signing this agreement, I agree to hold **Terron Armstead Foundation and the locations where camps are being held** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **sports activities**. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Terron Armstead Foundation along with Village of Cahokia Fitness Center and Cahokia High School Cahokia Illinois 62206** for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Participant)

Date

Photo Release Form for Minors (if under 18)

The **Terron Armstead Foundation** has my permission to use my or my child's photograph publically to promote the camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Photo Release Form for Adults

The **Terron Armstead Foundation** has my permission to use my photograph publically to promote the library. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name: _____

Phone Number: _____