



RELEASE FORM

11500 CHAMPIONS WAY | LOUISVILLE, KY 40299 | THEUSFINALS.COM | 1.877.5.FINALS | 1.877.260.6916 FAX

“Release Forms” must be received at least TWO WEEKS PRIOR to the event. Have your coach or sponsor mail the form to:
The U.S. Finals, ATTN: Registration, 11500 Champions Way, Louisville, KY 40299.

Participant Name _____ Birthdate _____

Team/Entry Name _____ City/State _____

Division Name _____ Division Code _____

Event Attending _____ Event Date _____

I, the undersigned, hereby state that I am the parent with legal custody or guardianship of the Participant listed above and that I give permission for him/her to attend and/or participate in any event directed by U.S. Finals, LLC. I understand that there is a risk that the Participant may incur or suffer illness, personal injury or other damages while attending and/or participating in such events. In consideration of the Participant being permitted to attend and/or participate in any event directed by U.S. Finals, LLC I on behalf of myself and the Participant waive, release, and forever discharge any and all rights and claims for damages that may arise now or in the future against U.S. Finals, LLC sponsors and facilities in which directed by U.S. Finals, LLC is held (“Released Parties”), including Released Parties’ owners, officers, directors, employees, agents, representatives and assigns, for any personal injury illness, or damages that the Participant or I may incur or suffer as a result of Participant’s attendance or participation in any event activity directed by U.S. Finals, LLC.

I acknowledge that I will be responsible for paying for any medical treatment that the Participant may receive as a result of illness suffered during his/her attendance and/or participation in any event directed by U.S. Finals, LLC. Should the Participant be injured or become ill during his/her attendance and/or participation in any event directed by U.S. Finals, LLC and I am not immediately available, I authorize U.S. Finals, LLC to seek emergency medical attention for the Participant.

I authorize U.S. Finals, LLC to take, record, use, broadcast or publish photographs, videotape or audiotape of the Participant in any media and for any lawful purpose whatsoever, including promotion or publicity of any event activity directed by U.S. Finals, LLC. I waive any right the Participant or I may have to approve or disapprove the finished product and/or use of such materials and to receive any royalties, profits or proceeds from such materials or finished product.

Signature of Parent/Legal Guardian _____ Date _____

Email Address _____