



## Release Form

Please print carefully the following information.

Athlete's Name (first) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

**NO ATHLETE WILL BE PERMITTED TO PARTICIPATE WITHOUT A SIGNED RELEASE FORM.  
THERE WILL BE NO EXCEPTIONS.**

Medical Insurance Policy Provider Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Athlete's Date Of Birth (mm/dd/yyyy) \_\_\_\_\_

As used in this instrument, the terms "I," "my," and "you," refer to the undersigned or his or her legal or natural guardian who has signed this instrument below on behalf of his or her legal or natural ward or child.

As used in this instrument, the term "CSR" refers to Collegiate Sports Reels.com, its officers, shareholders, employees, agents, successors, and assigns.

I recognize and acknowledge that "sports" is an inherently hazardous activity that could result in bodily injury. I hereby release CSR from all actions, causes of action, damages, claims, or demands that I, my heirs, executors, administrators, successors, or assigns may have, at any time now or in the future, against CSR for all personal injuries known or unknown that I have or may incur by participating in a CSR video taping session(s).

Initial: \_\_\_\_ \_\_\_\_

I recognize and acknowledge that CSR makes no promise, representation, or guarantee of any kind whatsoever; without limiting the foregoing, I recognize and acknowledge that CSR makes no promise, representation, or guarantee concerning the following: the amount of coaching/training time I will receive from CSR; the amount of time I will play on or as part of any team, or any sports/athletic/recreational team or organization of any kind; my current or future success at a game or any aspect of a game; my current or future placement on any sports/athletic/recreational team or organization; my chances of receiving a scholarship of any kind whatsoever. I recognize and acknowledge that any expression or comment that CSR has made or may have made, now or in the future, is an expression of opinion, only, and in no way constitutes a representation, guarantee, or promise of any kind. I am not relying upon any such expression or comment;

Initial: \_\_\_\_ \_\_\_\_

I authorize CSR to make available such information as contact information, academic information and athletic information to interested parties for the purposes of advancing me in my sport. I accept the fact that CSR's web master will be in possession of this information.

Initial: \_\_\_\_\_

This instrument shall be governed, construed, and interpreted in all respects in accordance with the laws of the state of New Jersey. I hereby expressly submit and consent in advance to such jurisdiction in any action or proceeding commenced by the other in such court;

This instrument contains the entire agreement of the parties. No other instrument, statement, or promise made on or before the effective date of this instrument will be binding on the parties. If any provision of this instrument is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire instrument will be severable and remain in effect. This instrument may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them;

This instrument shall be effective when signed by you, and delivered to and accepted by CSR.

READ, UNDERSTOOD, AND ACCEPTED:

If you are signing on behalf of another, you represent that you are the legal or nature guardian of the child or ward on behalf of whom you are signing this instrument and that you have the legal authority to sign this instrument on behalf of said individual; you agree to indemnify and hold CSR harmless from any and all actions, causes of action, damages, claims, or demands that may arise from or as a result of CSR reliance on such representation.

\_\_\_\_\_  
Authorizing Signature - Athlete if 18 or over / Parent or legal guardian if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Authorizing Signers Name



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