

McDONALD SPORTSMEN'S YOUTH SPORTFEST
SATURDAY, JUNE 24, 2017

YOUTH'S NAME _____ AGE _____
(Last Name) (First Name)

PARENT'S NAME _____

PARENT'S ADDRESS _____
(Street) (City) (Zip Code)

PARENT'S TELEPHONE
NUMBER _____

YOUTH'S ALLERGIES (Bee Stings, etc.) _____

EMERGENCY TELEPHONE NUMBER IS PARENT OR GUARDIAN IS NOT ATTENDING EVENT
SOMEONE MUST BE AT THIS NUMBER TO TAKE CALL() _____

RELEASE

I hereby grant to the McDonald Sportsmen's Association the right and permission to copyright and or use, reuse, publish and or republish photographic images or pictures of my child or me during the Youth Sportfest for advertising or promotional purposes. I hereby release, discharge and agree to hold harmless the McDonald Sportsmen's Association from any liability resulting from the above mentioned photography or use of my name. I understand that I will have no control over the manner of use of materials produced and hereby waive any right to preapprove or inspect materials prior to distribution.

I hereby release the McDonald Sportsmen's Association, the sponsors and staff from any liability due to accident or injury during the day's event.

SIGNATURE OF YOUTH PARTICIPANT _____ DATE _____

SIGNATURE OR PARENT OR GUARDIAN _____ DATE _____

MAIL COMPLETED FORM TO: McDonald Sportsmen's Association
P.O. Box 636
Midway, PA 15060

THE EVENT ENDS APPROXIMATELY AT 4PM. ALL YOUTHS MUST BE PICKED UP BY 5PM