



**PennState**

I/we, the undersigned, individual and as parent(s) and or legal guardian(s) of \_\_\_\_\_, a minor, give permission to participate in the Mack Brady Clinic, sponsored by Penn State Men’s & Women’s Soccer of The Pennsylvania State University located at Holuba Hall on January 16, 2022. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of my child’s participation in the Mack Brady Clinic.

I/we grant do not grant (check one) permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photographs/video in electronic versions of the same publications or on Penn State Web sites or other electronic forms of media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

**Parent (s)/Legal Guardian(s):** I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Print Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date

**Emergency Contact Information for Participant**

See participant’s Consent For Treatment form for emergency contact information.