

SPORTS XTRAS, LLC DBA WINSTON WILDCATS

NAME: Last _____ First _____

Email Address, Facebook User Name, Twitter handle, Instagram

ADDRESS CITY STATE ZIP

PHONE NUMBERS:

(DAY)

(EVENING)

(CELL)

DATE OF BIRTH

AGE

HEIGHT

WEIGHT

POSTION (can add more than one)

EDUCATION (List School, Major, and year in school or Degree received)

OCCUPATION

TITLE

EMPLOYER

Are you currently under contract with any other teams? Yes or No

If so who? _____

Do you have any known health diseases (cardiac disease, asthma, diabetes etc.)? Yes or No

If so what? _____

Emergency Contact Information

Contact: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Waiver and Release

The undersigned hereby assumes any and all risk of injury involved in such demonstrations and agrees to release and discharge SPORTS XTRAS, subsidiary, affiliate, successor, predecessor, or otherwise related companies, and the past, present, and future employees, agents, officers, attorneys, directors, shareholders and employee benefit programs of any of them, and their agents and insurers, from all claims of any nature whatsoever, for any injuries that may be sustained by the undersigned during tryout. The undersigned also acknowledges that SPORTS XTRAS, LLC have not arranged for, nor carry, any insurance of any kind for his benefit or that of his heirs, executors and administrators relative to his participation in the combine; and that he is solely responsible for obtaining and paying for any life, accident, automobile, property or other insurance regarding his participation in the combine.

The undersigned hereby agrees that he may be photographed, videotaped and otherwise recorded by SPORTS XTRAS, LLC or their representative during the combine (collectively, "Footage"). Footage will be owned by SPORTS XTRAS, LLC, who, along with their designees, have the right to use, edit, adapt, post, stream, copy and exploit such footage and all elements embodied therein, including any names and likenesses embodied therein, in any and all media now known or hereafter devised throughout the world, in perpetuity, for advertising, promotional, trade and other purposes. By attending the combine, the undersigned agrees that his name and likeness may be included in the footage, in SPORTS XTRAS, LLC sole discretion, without any compensation to or permission from, the undersigned.

By signing this SPORTS XTRAS, LLC combine waiver and release, the undersigned warrants that he is at least (18) years of age. The undersigned warrants and represents that he has the full right and power to enter into this waiver and release.

It is understood and agreed that this is a complete release and discharge of all claims and rights of the undersigned against SPORTS XTRAS, LLC, and that no action will be taken by or on behalf of the undersigned with respect to any such rights; it being understood that this release shall be binding upon the parents, guardians, heirs, executors, and administrators of the undersigned.

I agree to everything and I have read the above.

Date (mm/dd/yy): _____

Printed Full Name: _____ Signature: _____