



### Video Release

I, \_\_\_\_\_, agree to be photographed and videotaped for this production by **Top Prospect Video Productions, LLC** without receiving compensation of any kind. I understand that this footage may be used, as deemed appropriate by **Top Prospect Video Productions, LLC**, for future productions which may be viewed by public and private sector audiences.

### Injury Waiver

I, \_\_\_\_\_, hereby accept sole responsibility for any personal injury I incur during the course of this production by **Top Prospect Video Productions, LLC**. I acknowledge that participation in the production exposes me to potential risks and I release all employees of any and all liabilities regarding my injury. I shall not now or in future prosecute any suit against **Top Prospect Video Productions, LLC** and/or its officers. This agreement will be legally binding on me, my spouse, my heirs and my descendants.

### General Release

I, \_\_\_\_\_, understand that the product produced by **Top Prospect Video Productions, LLC** is not a guarantee of scholarship or financial restitution from a higher education establishment. I also ensure that any information provided by me to **Top Prospect Video Productions, LLC** is accurate to the best of my knowledge and I will be held responsible if information is inaccurate.

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### Please fill in information to the best of your knowledge

Ht: \_\_\_\_ Wt: \_\_\_\_ HS Grad Year: \_\_\_\_ GPA: \_\_\_\_ SAT and/or ACT Score: \_\_\_\_ Pos(s): \_\_\_\_\_

Noteworthy Stats (Offensive and/or Defensive): \_\_\_\_\_

Accolades (On and Off the Field): \_\_\_\_\_

### Contact Information to be included at end of video

Athlete Name: \_\_\_\_\_ Athlete Email: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Phone: \_\_\_\_\_ Coach Email: \_\_\_\_\_

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I have read and understood the Video Release, Injury Waiver and General Release Form

If athlete is under 18: I, \_\_\_\_\_, am the parent/legal guardian of the individual named below. I have read this release and approve of its terms.

\_\_\_\_\_  
Print Athletes name and School

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Athlete or Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\$ \_\_\_\_\_ Total price agreed upon by Top Prospect Video Production, LLC and client\***

*\*By signing this form, the client agrees to pay 50% of total price before any production is performed and 50% upon completion. Default in payment may result in legal action. Client will be responsible for all legal fees.*