



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.

Please fill in information to the best of your knowledge

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

Dominant Hand (L/R): _____ Standing Reach: _____ Attack Touch: _____ Block Touch: _____

Other relevant stats: _____ Accolades: _____

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: _____

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.*