



THE JAM BRANDS, INC.

1.866.611.2JAM
www.thejambrands.com

INDIVIDUAL WAIVER FORM

Participant Name _____

Birthdate _____ Age _____

Team Name/Entry Name _____

City/State _____

Event(s) Attending _____

Division Name _____ Division Code _____

I, the undersigned, hereby state that I am the parent with legal custody or guardianship of the Participant listed above and that I give permission for him/her to attend and/or participate in any event directed by The JAM Brands, Inc. and/or its subsidiaries, including but not limited to: JAMfest Events, LLC, The JAM Brands, Inc., Great Lakes Spirit, LLC, Coastal Alliance, LLC, COA, LLC, America's Best, LLC, LIVE, Game Day School & Rec Championships, JAMcamps, LLC, and JAMwear, LLC. I understand that there is a risk that the Participant may incur or suffer illness, personal injury or other damages while attending and/or participating in such events. In consideration of the Participant being permitted to attend and/or participate in any event directed by The JAM Brands, Inc., I on behalf of myself and the Participant, waive, release, and forever discharge any and all rights and claims for damages that may arise now or in the future against The JAM Brands, Inc. sponsors and facilities in which any event directed by The JAM Brands, Inc. is held ("Released Parties"), including Released Parties' owners, officers, directors, employees, agents, representatives, and assigns, for any personal injury, illness, or damages that the Participant or I may incur or suffer as a result of Participant's attendance or participation in any event activity directed by The JAM Brands, Inc.

I acknowledge that I will be responsible for paying for any medical treatment that the Participant may receive as a result of injuries or illness suffered during his/her attendance and/or participation in any event directed by The JAM Brands, Inc. Should the Participant be injured or become ill during his/her attendance and/or participation in any event directed by The JAM Brands, Inc. and I am not immediately available, I authorize The JAM Brands, Inc. to seek emergency medical attention for the Participant.

I authorize The JAM Brands, Inc. to take, record, use, broadcast or publish photographs, videotape or audiotape of the Participant in any media and for any lawful purpose whatsoever, including promotion or publicity of any event activity directed by The JAM Brands, Inc. I waive any right the Participant or I may have to approve or disapprove the finished product and/or use of such materials and to receive any royalties, profits or proceeds from such materials or finished product.

Note: This is a lifetime waiver for this participant. The Waiver Form can be submitted one time and will be good for all events directed by The JAM Brands, Inc. You do NOT have to re-submit a Waiver Form for this participant if she/he competes at more than one event directed by The JAM Brands, Inc. Exceptions: 1) a waiver must be re-submitted when the participant turns 18 years of age 2) a waiver must be re-submitted when the parent/guardian of the participant changes. Participants who are 18 years of age or older can sign their own name on the parent/guardian line.

Signature of Parent/Legal Guardian

Date Signed