



# THE JAM BRANDS, INC.

## Individual Waiver Form



Complete either the "Team Waiver Form" OR have each participant complete the "Individual Waiver Form."

Team Name/Entry Name \_\_\_\_\_

City/State \_\_\_\_\_

Event(s) Attending \_\_\_\_\_

Division Name \_\_\_\_\_

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

1. Completely fill out ONE "Individual Waiver Form" for each participant who will enter any events directed by The JAM Brands, Inc.

**YOU MUST HAVE PARENT/LEGAL GUARDIAN SIGNATURE AND ALL INSURANCE INFORMATION COMPLETED BELOW IN ORDER TO PARTICIPATE. PARTICIPANTS WHO ARE 18 YEARS OF AGE OR OLDER SHOULD LIST THEIR NAME ON THE PARTICIPANT LINE AND CAN SIGN THEIR OWN NAME ON THE PARENT/GUARDIAN LINE. THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE. NO EXCEPTIONS!**

2. "Individual Waiver Forms" must be received at least TWO WEEKS PRIOR to the event. Have your coach or sponsor mail the waiver (with other team waivers) to: The JAM Brands, Inc., ATTN: Registration, 11500 Champions Way, Louisville, KY 40299

### DO NOT FAX

**NOTE:** This is a lifetime waiver for each team member. Waivers 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 waivers for team members that compete at more than one event directed by The JAM Brands, Inc. Exceptions: 1) a waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event 2) a waiver must be re-submitted when a team member turns 18 years of age 3) a waiver must be re-submitted when the parent/legal guardian of the team member changes.

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for her/him to attend and 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., 1 Spirit, LLC, Great Lakes Spirit, LLC, Coastal Alliance, LLC, COA, LLC, America's Best, LLC, JAMcamps, LLC, Power Consulting, LLC, and JAMwear, LLC. I understand that by attending and participating in these events, there is a possibility of physical illness or injury to her/him. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against The JAM Brands, Inc. directors, the owners, staff, the sponsors/venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize The JAM Brands, Inc. directors to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any event activity directed by The JAM Brands, Inc. and for publicity surrounding participation in any of these events.

**I certify that I have medical insurance on my child that will provide coverage while she/he participates in any event directed by The JAM Brands, Inc.**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

**You must have PARENT/LEGAL GUARDIAN SIGNATURE AND ALL INSURANCE INFORMATION COMPLETED above in order to participate. This form will not be accepted and will be returned to you if information is not complete. NO EXCEPTIONS!**