



## Recruit Video Liability Form

---

---

Graduating High School Year: \_\_\_\_\_

Athlete Name (as you want it to appear): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Number for Athlete: \_\_\_\_\_

Contact Number for Parent: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Check box if you want your video uploaded on YouTube.

Videos uploaded on YouTube are for recruiting use only. This can enhance the recruiting process by allowing coaches to view the video at their convenience.

Check box if you DO NOT want music on your video.

I certify that my child has no injuries or illnesses that would limit their participation in a 5 Star Athletics Program. I authorize 5 Star Athletics staff to act for my child according to their best judgment in any emergency requiring medical attention. I hereby waive and release 5 Star Athletics from any and all liability for any injury or illness incurred while participating. My child has medical coverage and I will be responsible for any expenses resulting from injury, illness, or accident incurred during the program. I grant authority to the first aid and CPR certified trainer on site to provide necessary and reasonable medical attention to my child. I further authorize the use of photos/videos of my athlete taken while playing or practicing to be used on the 5 Star Athletics website, in publicity materials or in other program material.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: 5 Star Athletics, 5910 Chestnut Hill Road, College Park, MD 20740

[www.5starathletics.com](http://www.5starathletics.com) (301) 440-3907