



## **PARTICIPANT AUTHORIZATION TO USE NAME, LIKENESS AND VOICE**

In consideration for being allowed to participate in the 2015 Canadian Senior Men's National Team, including all selection processes (ID camps, try outs, exhibition games), practices, games, and other events and activities related to the National Team (individually and collectively, "the Event"), I hereby authorize, license, permit and grant to IFAF, Football Canada, Provincial Sport Organizations, its partners (including, but not limited to, any television broadcast partner), assigns, successors, other individuals, entities, sponsors, sponsoring agencies, advertisers, employees, agents and representatives (collectively, the "Authorized Parties"), the right to use, reproduce, print, publish or disseminate in all manners and media now known or subsequently developed, in all broadcast, promotion, advertising, information, press releases and press conferences or announcements for the Event, my name, likeness and voice, but not as a direct endorsement of any product or service. I understand the Authorized Parties have no obligation to use my rights of publicity in any materials. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this authorization, whether from the negligence of any or all of the Authorized Parties or otherwise (including from the Authorized Parties' use of my rights of Publicity), to the fullest extent permitted by law.

I HAVE READ THE ABOVE AUTHORIZATION, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THE RIGHTS THAT I HAVE GRANTED BY SIGNING BELOW. I SIGN THIS AUTHORIZATION FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT OR COERCION.

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**Participant Signature**

**Date Signed**

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**Participant Name** *(please print)*

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**Home Address, City, Province, Postal Code** *(please print)*

**Home Phone**

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**Email Address**



## 2015 Senior National Team Selection Camp Registration

Saturday December 13, 2014  
1 – 4 pm (registration 11:30 am – 12:30 pm)  
Stade Hébert, 7755 Rue Colbert, Saint-Léonard, QC H1S 3A8

Name (full): \_\_\_\_\_

DOB (Yr.-Month-Day) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hometown: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Current/ last team: \_\_\_\_\_

Usual Position: \_\_\_\_\_ Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Medical Number: \_\_\_\_\_

Do you have a Canadian passport? Y  N

Player signature: \_\_\_\_\_ Date: \_\_\_\_\_

Open to all players born in 1995 or earlier  
Fee \$75 – Payment Options paid in cash (on site) or credit card by contacting Football Canada  
Equipment required: shoulder pads, jersey, helmet, proper footwear

**Please return completed form to**  
**[info@football.qc.ca](mailto:info@football.qc.ca)**