

**All American Blazers Track and Field Club, Inc.**  
**PO Box 84, Monroe, NY 10950**  
**845-820-5945**

**Photo Release Form - 2025 Season**

It is the intention of the All American Blazers Track and Field Club, Inc. and its volunteers to provide a quality program to all its members. In order to promote the program, advertise its members' accomplishments, and create press releases and news stories, All American Blazers Track and Field Club, Inc. may choose to post information and pictures on its website, printed materials, and provide stories to local newspapers.

Your permission is required in order to use your child's photograph.

Athlete(s) name(s)\_\_\_\_\_

☐ I hereby authorize All American Blazers Track and Field Club, Inc. to use photographs of my athlete(s) for the team publications noted above, with or without their names.

Parent Signature\_\_\_\_\_ Date \_\_\_\_\_

☐ I do not authorize All American Blazers Track and Field Club, Inc. to use pictures of my athlete in print or online materials.

Parent Signature\_\_\_\_\_ Date \_\_\_\_\_

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**2025 ALL AMERICAN BLAZERS YOUTH SPRING TRACK & FIELD SERIES - ATHLETES WAIVER**

In consideration of my entry being accepted, I, intending to be legally bound to hereby for myself, my heirs, assigns, and representatives, waive release and forever discharge any and all rights for claims and damages which I may have, or which may hereafter accrue to me against All American Blazers Inc. (a nonprofit organization), USA Track & Field / New York association, the high schools, municipalities and Boards of Education of Cornwall, Monroe-Woodbury, Goshen, Minisink, Warwick, Washingtonville Middletown or their respective officers, agents or representatives, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in and for arising out of my travel to, participation in, returning from any race of meet in this 2025 All American Blazers Spring Youth Track & Field Series. I certify the physical fitness necessary to compete and withdraw if there is not that level of fitness.

Last Name _____		First Name _____		M _____ F _____	USATF No. (If Received) _____
All American Blazers _____		-		-	
Name of Town Name or USATF Club - otherwise put unattached _____		Area Code & Phone _____		E-mail _____	
Mailing Address _____		Street _____		Include Apt. No. and/or C/O _____	
City _____		State _____		Zip Code _____	
Signature of Parent (Not Coach) _____		Date _____		County or Residence _____	
				Birth Date _____	