



Phone: (401)-636-0891

North Smithfield, RI 02896

Photo & Video Release Form

I hereby grant ZK Athletics, its representatives, coaches, employees, and assigns the irrevocable right and permission to photograph and/or record me (or my minor child) during participation in football training sessions, workouts, camps, and related activities.

I authorize ZK Athletics to use, reproduce, publish, and distribute these photographs and/or video recordings in any medium, including but not limited to social media, websites, promotional materials, advertising, and digital or print publications, for any lawful purpose without compensation.

I understand that these images and recordings may be used with or without my name and that this authorization is granted voluntarily and without expectation of compensation. This release shall remain in effect indefinitely unless revoked in writing. **This release applies to all ZK Athletics training sessions, camps, and related activities.**

I acknowledge that all images and recordings are the property of ZK Athletics.

Participant Printed Name: _____

Participant Signature: _____

Date: _____

Parent/Legal Guardian Printed Name if Participant is a Minor : _____

Parent/Legal Guardian Signature if Participant is a Minor : _____

Date: _____

ZK Athletics Representative Signature: _____

Date: _____



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Waiver of Liability & Informed Consent

I acknowledge that I (or my minor child) am voluntarily participating in training sessions, including but not limited to speed training, agility drills, strength training, plyometrics, conditioning, and sport-specific skill development conducted by ZK Athletics.

I affirm that I am in good physical condition and have no medical condition that would prevent safe participation. I understand that participation in athletic training involves inherent risks, including but not limited to muscle strains, sprains, fractures, illness, serious injury, or death.

I voluntarily assume all risks associated with participation and hereby release, waive, and discharge ZK Athletics, its owners, coaches, and employees from any and all liability, claims, demands, or causes of action arising from participation in these activities.

I consent to emergency medical treatment in the event of injury or illness and authorize ZK Athletics to obtain such care if necessary. **This release applies to all ZK Athletics training sessions, camps, and related activities.**

Participant Printed Name: _____

Participant Signature: _____

Date: _____

Parent/Legal Guardian Printed Name if Participant is a Minor : _____

Parent/Legal Guardian Signature if Participant is a Minor : _____

Date: _____

ZK Athletics Representative Signature: _____

Date: _____