

**TRIANGLE CHAMPIONS TRACK CLUB (TCTC)**



**RECRUITING INFORMATION AND INTERNET PERMISSION FORM**

Dear Parent(s),

We will periodically update our website with pictures of our athletes and teams. If you acquire any photographs that you would like us to consider for our website, please submit to our Administration staff (it is recommended that you submit a digital file or duplicate in case we are unable to return any photos).

Before we use any pictures of your child on the website, we must have the form below signed and returned to the Club. If you have any questions regarding the planned use of these photographs, please contact Jan Powell (919-287-2245).

\*\*\*\*\*

I hereby agree that TCTC may use these images of my child, \_\_\_\_\_ on its website or in other promotional literature.

These images may include, but are not limited to, photographs, video, and other multimedia images. TCTC may use these images on its website, promotional or informational literature, recruiting guides, and any other medium related to the functional of our club.

I understand that TCTC may use these images in conjunction with its corporate partners and sponsors.

I agree to indemnify and hold harmless TCTC, it's partners, officers, volunteers, and any organization co-sponsoring the program, from and against any and all liability arising out of or in any way connected with the use or publication of these images.

Child's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date:

I hereby agree that TCTC may publish and release my child's personal information including, but not limited to: address, phone, email, graduation date, GPA, physical test results, awards, and school information. This information will be given to college coaches, representatives, and recruiting agencies for the sole purpose of athlete recruitment.

Child's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date:

## Medical Information Release Form

The undersigned hereby grants permission to the Triangle Champions Track Club (TCTC) to use data from the physical form to evaluate the overall health benefit of our fitness training. The undersigned also gives TCTC permission to conduct a height, weight, and blood pressure evaluation at the end of the season. This information will be evaluated "in-house" and will not be shared or sold to any outside sources; however, pictures may appear on TCTC's website. **Names** of individual athletes **will not** be used in the reporting of any findings.

### The undersigned understands that:

- I may revoke this medical information release at any time, in writing, but the release shall remain valid until revoked or upon the expiration of one (1) year after the release is executed, whichever occurs first.
- The Triangle Champions Track Club will maintain the privacy of any information obtained and will not disclose such information to any other person or entity except as necessary to effectuate service or by express written permission by me.
- A copy of this form, including a facsimile, may be used in place of the original.

I acknowledge that I have read and understand this Medical Information Release Authorization. Further, I authorize the disclosure of my protected health information in accordance with the terms in this Authorization.

Athlete's Name (printed) \_\_\_\_\_

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