



# Volunteer Application

Year	Sport Football   Cheer   Both	Age Bracket	Organization Name (not TYFA)
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First Name	Middle Initial	Last Name	Suffix	
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Date of Birth	Age on 8/1	Address	City	State	Zip Code
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Phone #	Email Address - I do hereby give TYFA and my organization permission to contact me at this email address.
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**Image Release:** I do hereby grant to TYFA, TYFA Sponsors, Partners, Vendors and assigns the irrevocable right and permission to photograph, videotape, digitally record, and audio record the images and likenesses of myself. I give unrestricted right and permission to use photography, digital images, video and audio materials in which I may be included in whole or in part, without restriction as to changes made through any and all media, now or hereafter known, for illustration, art, promotion, trade, education, broadcasts, or any other legitimate purpose whatsoever. I hereby relinquish any right that I may have to compensation or the right to approve the completed product or products that may be used in conjunction therewith or the uses to which it may be applied.

For good and valuable consideration and by participating in TYFA, I hereby grant TYFA, its successors and assigns including but not limited to 441 Productions LLC, Esquire Network, Electro-Fish Media Inc, Texas Crew Productions LLC (collectively known as "Producers") the right to use my likeness in and in connection with a television series ("Series") and all ancillary and subsidiary uses thereof and all publicity therefor, worldwide, in perpetuity, in all media now known and hereafter devised. I expressly release Producers, their agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of the production, distribution, broadcast or exhibition of the Series and I expressly agree that I will not be entitled to seek injunctive or other equitable relief against Producer or the Series or to enjoin or restrain the production, distribution, exhibition or any other means of exploitation of the Series or any subsidiary or ancillary rights in connection therewith. I agree to provide access to Series Producers and crew of all TYFA-related organized activities, including but not limited to practices, warm-ups, gameplay, sideline activity, meetings and celebrations.

**Insurance:** I understand that neither TYFA nor my Organization provides any medical or accident insurance coverage. I assume all risks and hazards incidental to such participation.

**Medical Treatment:** In the event of an injury, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

**Equipment Liability/Responsibility:** I understand that I am responsible for the return of all equipment issued to me by my Organization when asked and that I am fiscally responsible for any costs for the excessive damage or loss of said equipment. I understand that if I do not return or pay for the equipment that I can be put on HOLD until I resolve the situation. I understand that to be put on HOLD will not allow me to participate with any other organization in TYFA.

**Conduct:** I agree to adhere to the rules, policies and procedures of TYFA and my Organization, and I agree that my status can be terminated with or without cause, and with or without notice, at any time by TYFA or my Organization. I agree not to defame or slander TYFA or my Organization or any of its members or do anything that may cause damage to TYFA or my Organization's image or identity. **I understand that the consumption of alcohol, tobacco products, profanity or inappropriate gestures is strictly prohibited at TYFA or Organization events and activities.**

I agree to indemnify and hold harmless, TYFA and my Organization, all of its agents, employees or any other person against loss or expense including attorney's fees, by reason of the liability imposed by law upon TYFA and my Organization, except in cases of TYFA or my Organization's sole negligence. TYFA, my Organization and myself (hereafter referred to as the Parties) agree that if any dispute, claim or controversy ("dispute") arises between us, we agree that we will first attempt to resolve the dispute by mediation. If mediation fails to resolve the dispute, the parties agree that any and all claims, controversies or disputes arising shall be settled by binding arbitration. Further, venue for the arbitration proceeding shall be in the city of the Organization or San Antonio Texas when it involves TYFA. The parties hereto also agree that any award tendered by the arbitrator may be entered as a judgment in any court in Texas as enforceable as an order of said court and the parties hereby submit to the venue and jurisdiction of that court for purposes of enforcement of any arbitration award. The fees for both mediation and arbitration will be borne equally by the parties.

I acknowledge that I have carefully read and understand the provisions of this Volunteer Application form. I represent and warrant that I have signed this document voluntarily.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



Texas Youth Football & Cheer Association

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## Background Check

As a condition of volunteering, I give permission to TYFA and my Organization to conduct a background check. I understand that if appointed, my position is conditional upon TYFA receiving any inappropriate information on the check. I understand that no applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position I'm apply for will be considered.

I understand that any information gathered will only be known by the highest level of the TYFA Board and my Organization (if it has any relevance to my position) and that all information gathered will be destroyed at the end of the season.

If at any time I provide fraudulent information with the intent to deceive TYFA and or my Organization that will be grounds for immediate disqualification.

Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_ Social # \_\_\_\_\_

I acknowledge that I have carefully read and understand the provisions of the Background Check section of this form. I represent and warrant that I have signed this document voluntarily.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**