

Top Gun All-Stars Pittsburgh

2025-2026 Registration

Athletes Name _____ Gender _____
Address _____
Home Phone _____ Athlete's Cell _____ Athlete's Email _____
Birth date ____/____/____ Age on December 31 _____ School Dist. _____ Grade (next school year) _____
How did you hear about TG _____

Can we email you any and all information regarding Top Gun All-Stars Pittsburgh YES / NO

Parent Name _____
Email Address _____
Home Phone _____
Cell Phone _____
Address _____ City _____ State _____ Zip _____



PITTSBURGH SUPERSTARS DBA TOP GUN ALL-STARS PITTSBURGH PARTICIPANT AGREEMENT AND RELEASE

In consideration of the services of the Pittsburgh Superstars DBA Top Gun All-Stars Pittsburgh, its board members, coaches, owners, officers, employees, and all other persons or entities acting on its behalf, I hereby agree to release and discharge the Top Gun All-Stars Pittsburgh, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF "TOP GUN ALL-STARS PITTSBURGH" USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND ALL RIGHTS OF OTHERS TO RECOVER FROM "TOP GUN ALL-STARS PITTSBURGH" IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND "TOP GUN ALL-STARS PITTSBURGH" HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Should Top Gun All-Stars Pittsburgh or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no mental or physical conditions which could interfere with my safety in this activity, or else am willing to assume and bear the costs of all risks that may be related, directly or indirectly, by any such condition.

MEDIA RELEASE AND INSURANCE INFORMATION

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Pittsburgh Superstars DBA Top Gun All-Stars, may use and/or reproduce such photographs and recordings. I hereby release Pittsburgh Superstars DBA Top Gun All-Stars, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Student Name: _____

Parent/Legal Guardians Signature: _____ Date: _____