

Happening 2006 Participant Information

To be completed by participants in the Country Insurance and Financial Services 3-Point Showdown or the Slam-dunk contest. Please print clearly and **return with a photo in color by:**

IMPORTANT DATES

Girls Class A Three-point: Wednesday, February 15

Girls Class AA Three-point: Wednesday, February 22

Boys Class A Slam-dunk: Monday, February 20

Boys Class A Three-point: Wednesday, March 1

Boys Class AA Slam-dunk: Monday, February 27

Boys Class AA Three-point: Wednesday, March 8

Return to:

Illinois High School Association

PO Box 2715

Bloomington, IL 61702-2715

Please check the skill contest(s) in which you will be participating:

Class: AA A Boys Girls

Country Insurance and Financial Services 3-Point Showdown Slam-dunk Contest Both

Dunkers only, check which is appropriate to you: Qualifier Alternate

Regional or Sectional Host Site _____

Your Name _____ Coach Name _____

Name of School _____ City _____

School Nickname _____ Principal _____

Age _____ Height _____ Weight _____ Yr. in School _____

Outstanding achievements in any activities (all-conference, class president, participation in any IHSA state final, school record holder, etc.)?

Relatives that participated or worked in athletics (list name, school, sport(s))

Your plans after high school (what college and major, military branch, etc.)?

Participation in previous Happening skills competition (year, skill, how far did you advance)?

Important: you also must complete the America's Original March Madness Release Form on the back side of this page and send to the IHSA along with this form and your photo. Thank you for taking the time to complete this form. If you have any additional information that might be of importance please do not hesitate to include it (straight A student, overcame physical handicap, etc.). Remember, the purpose of this form is to give recognition to you, your team, and your community.

Reverse side also must be completed



Individual Release/Agreement

The undersigned each hereby grant and assign to the Illinois High School Association (IHSA) the right, title and irrevocable authority and interest in and to the use of all photographs, videos or likenesses taken or obtained of the individual or team whose name appears in subparagraph 1 hereof or which the undersigned may supply to the IHSA on behalf of the person or team named in subparagraph 1 herein for whom the undersigned are authorized to grant this permission, authorization and assignment to IHSA:

1) Name of Person or team for and from whom permission and authorization is given:

2) Permission is granted to IHSA to:

- a. Copyright any photograph, likeness, video containing the likeness of the person or team named in subparagraph 1.
- b. To use, own, re-use, assign license, re-license, publish and re-publish the photograph, video likeness in any business or other manner including broadcast media and for any purpose authorized by the Board of Directors at any time after IHSA obtains this permission and authorization.

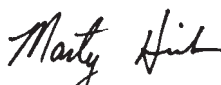
Such use shall include, but not be limited to, state series programs, the Official State Final Program, Happening Posters and/or IHSA Event Marketing and any reuse or rebroadcast as authorized or permitted by the IHSA without limitation as to the number of years of such use, rebroadcast or republication

The undersigned hereby release and discharge IHSA from any and all claims, actions, causes of action, suits or demands arising out of or in connection with the use by IHSA of any photographs, including videos or other reproduction of same containing the likeness of the person or team whose name is set forth in subparagraph 1 hereof.

IHSA agrees that it will not use any photograph, video likeness or reproduction of said individual in any manner which would be inconsistent with the goals, purposes and objectives of the IHSA..

Print Name of Individual or Team

(Signed) Individual or Representative of Team



(Signed) Illinois High School Association

(Signed) Parent/Guardian of Individual

Street Address _____

City, State Zip _____

Business Phone _____ Home Phone _____

Date _____

Reverse side also must be completed