



NIL Disclosure Form
Hampton Township School District Name, Image, and Likeness

Student Athlete Name: _____

Date: _____

Acknowledgement:

I affirm:

I have provided 72-hour notice in compliance with Hampton Township School District guidelines and WPIAL/PIAA NIL rule. I understand that Hampton Township School District's guidelines and WPIAL/PIAA NIL rule prohibit any NIL activity which relates to or is associated with development, production distribution, marketing, retailing of any of the following:

- (1) Adult entertainment products and services
- (2) Alcohol products
- (3) Casinos and gambling, including sports betting, the lottery, and betting in connection with video games, online games, and devices
- (4) Tobacco and electronic smoking products and devices (vaping)
- (5) Opioids and prescription pharmaceuticals

(6) Controlled dangerous substances; and/or

(7) Weapons, firearms, and ammunition

I further understand that my NIL activity does not include any inducement, promise, or guarantees of playing time by any member of the Hampton Township School District coaching staff. Furthermore, the coaching staff, administration, and board of school directors may not be held responsible for lost NIL agreements due to playing time or other factors such as but not limited to violating PIAA rules that govern interscholastic athletics.

I understand that if I violate the NIL Activity rules that I may be sanctioned and found ineligible to participate in WPIAL/PIAA interscholastic athletics contests as a team or individual member of any Hampton Township School District Athletics teams/programs.

Date: _____ Student-Athlete: _____
(Signature)

Date: _____ Parent/Guardian: _____
(Signature)

**Return to the Hampton Township School District Athletic Department within
72 Hours of executing an NIL agreement.**