



## Medical Information / Release Form

The following procedures are in place to ensure the health and well being of each student athlete that participates in Athletic Scholarship Combine Events.

### Waiver:

I hereby waive and release Athletic Scholarship Help, Inc. from any and all liability for any and all liability for any injury or illness throughout the duration of any Athletic Scholarship Help, Inc. event, lesson, program, or session. I have no knowledge of any physical impairment that would affect my child's participation in any and all aspects of participation included in the Athletic Scholarship Help, Inc. program. You expressly agree to release and discharge Athletic Scholarship Help, Inc. and its affiliates and partners, employees, representatives, successors or assigns, from any and all claims or causes of action. This waiver and release of liabilities, without limitation, all injuries to you which may occur. **Regardless of negligence**, as a result of (a) your use of any or all Athletic Scholarship Help, Inc. equipment, products and amenities, (b) the sudden and unforeseen malfunctioning of any equipment our instruction or supervision, and (c) your slipping and/or falling while at an Athletic Scholarship Help, Inc. event or session including adjacent sidewalks and parking areas.

My son/daughter has my permission to attend Athletic Scholarship Help, Inc. combine. In the event of illness or injury, I hereby grant my consent for medical treatment and other injections, anesthesia or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in the program. Applying for acceptance to this program, I intending to be legally bound, hereby for damages I may have against the Athletic Scholarship Help, Inc., its representatives, for any and all damages which may be sustained by my child in association with this program and which may arise out of my child's traveling to, participation in, or returning from the site/program.

I also understand Athletic Scholarship Help, Inc. retains the right to use statistics and photographs taken of players at the Athletic Scholarship Help events for publicity and advertising purposes.

You acknowledge that you have carefully read this waiver and release and fully understand that is a **release of liability**. You agree to voluntarily give up the right that you may otherwise have to bring legal action against Athletic Scholarship Help, Inc. for negligence, or any other personal injury or property damage of loss action.

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

Parent/Guardian (Print Name) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical/Accident Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Allergies: \_\_\_\_\_

We should be aware of: \_\_\_\_\_

\_\_\_ Yes, I would like my combine stats posted online.

\_\_\_ No, I do not want my combine stats posted online.

