## Minor Waiver/Release RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN	CONSIDERATION OF		, m	y child/ward, being allowed to	
paı	ticipate in any way in theJA	Name Of Minor Child/V MES MACPHERSON'S NEX		_related events and activities, the	
un	dersigned acknowledges, appre	eciates, and agrees tha	at:		
1.	The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,				
2.	2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,				
3.	. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,				
4.	and next of kin, HEREBY RE its directors, officers, officials sponsors, advertisers, and if a ("Releasees"), WITH RESPE damage to person or property	ELEASE AND HOLD s, agents, employees, applicable, owners and ECT TO ANY AND A incident to my child/ ING FROM THE NE	O HARMLESS JAME volunteers, other pard lessors of premises ALL INJURY, DISA ward's involvement	BILITY, DEATH, or loss or	
5.	I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.				
	(PARENT/GUARDIAN SIGN	(ATURE)		(PRINT NAME)	
Da	te Signed:				
			ANDING OF RISK		
	nderstand the seriousness of the nering to rules and regulation,			ogram, my personal responsibilities fo	
	(PARTICIPANT SIG	NATURE)		(PRINT NAME)	
Da	te Signed:				

## **EMERGENCY INFORMATION & CONSENT**

(ONE FOR EACH ATHLETE)

Athlete's Name:	Nickname:	Position:
School:		
Address:		
Home Phone:()Work Ph	one:()Email	
Emergency Contact:		
Emergency Contact Phone :()	Work Phone:()	
Email		
Family Medical Insurance:		
Carrier:		
Policy #:	Group#:	
Family Physician's Name:		
Physician's Address:		
Physician's Phone:()		
Allergies (list):		
Serious Medical Conditions (list):		
I/we hereby grant consent to any and all h	nealth care providers designated by	JAMES MACPHERSON'S NEXT LEVEL QB ACADEMY
to provide my child	any necessary medical care as	s a result of any injury/illness.
(name) This consent includes First Aid and transp	oortation to/from health care provide	ers.
(Date)	(Parent/Guardian Signat	ure)
	IMAGE RELEASE	
In consideration of participation in the	child/ward may be photographed o	r videotaped and that such image
Names of child:		
(Parent/Guardian Signature)	(Print Name)	(Date)