



QUARTERBACK COMBINE

MEDICAL WAIVER

FAX THIS FORM: 310-785-9091

MEDICAL WAIVER

PRINT OUT THIS FORM, FILL OUT AND SIGN THE INFORMATION NEEDED. THIS FORM MUST BE TURNED INTO THE QB COMBINE IN ORDER FOR THE ATHLETE TO PARTICIPATE. ATHLETE UNDER 18 MUST HAVE PARENT OR GUARDIAN SIGNATURE.

My signature on this form indicates that I have read, understood and abide from the following information. It also constitutes that I hold harmless the QB Combine Program and give full authorization for the Client/athlete/participant to participate in all aspects of training. There are risks connected with my participation in this football combine. I/we release and discharge the QB Combine, any facilities that I participate in, the district, the school, the officers, the directors, sponsors and trainers of all the above mentioned from all actions, lawsuits and demands

whatsoever in law and equity, but not limited to the risk of injury from participating in this program during the sessions specified or any time on or off the field of the QB Combine. This is a release and hold harmless acknowledgment, understood and agreed that this waiver is valid and in full force anytime the athlete/client has a confirmed paid session, helping out the staff or any participation weather football or not at any capacity and also the loss of personal property by theft or otherwise. I/we authorize the QB Combine, in the event of a medical emergency, to transport and/or seek medical treatment for the athlete. I/we understand that I must provide my own medical insurance. If the athlete/participant needs to take medication or is on medication such as inhalers, medical pills etc., it is the responsibility of the athlete or parent to make all necessary arrangements between the parent and athlete to do so.

The Combine will not be in charge or have any involvement for the responsibility to take medicine at any time or any reason Athlete under the age of 18, parent must sign. In reference to the emergency contact, if for any reason the parent/guardian can not be reached due to a medical Issue or Injury, the parent or responsible party gives authorization to release the participant to any emergency contacts listed. There is no responsibility of the combine for any transportation means for pick up and drop off. Medical Waiver terms & conditions (stated) apply to all personal (solo) one-on-one training, weight lifting programs and any facilities needed to train the athlete. Athletes who weight lift give full release of liability to The Quarterback Combine and hold harmless to its staff. Photos and videos may be used for the Quarterback Combine in viewing the web site where shown.

Any athlete that is enrolled or participates in The Lineman Combine agrees to all "Conditions" of The Quarterback Combine Medical Waiver. Lineman Combine is a separate entity and has no affiliation with The Quarterback Combine. It is understood that The Lineman Combine requires physical contact activity, speed work, drills, weightlifting, strength and conditioning.

The athlete and parent is aware that extra hydration is needed during workout sessions. Fluids are not provided by The Quarterback Combine or Lineman Combine and is the responsibility of the parent or athlete to provide.

FILLOUT THIS FORM SIGN AND FAX TO: 310-785-9091

ATHLETE NAME:	
DATE:	
SIGNATURE:	
PARENT/GUARDIAN NAME:	
DATE:	
SIGNATURE:	

EMERGENCY CONTACT NAME:	
TELEPHONE NUMBER:	
RELATIONSHIP:	

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