



SCORE 6 QB ACADEMY

PARTICIPANT WAIVER/RELEASE FORM

As the parent or guardian, I certify that (print participant's name) _____ has my permission to participate in the Score 6 QB Academy. I/We hereby delegate the Score 6 QB Academy and its employees to seek, obtain, and approve medical care and treatment. It is understood that this authorization is given in advance of an specific diagnosis or treatment or medical care being required as is to serve as specific consent to any and all diagnosis or hospital care which may be deemed advisable. I/We understand that I/We are responsible for any cost incurred that are not covered by insurance and we agree to hold the Score 6 QB Academy and its employees harmless for any liability arising out of any good faith actions taken in and obtaining medical treatment for the above-named minor. The parent/guardian acknowledges that he/she has been made aware of and understands the risk involved in such activity and is prepared to assume, on behalf of the participant all of such risk as his/her and the minor's sole responsibility.

It is understood that said participant will be subject to the rules and regulations of the Score 6 QB Academy and any person who repeatedly disobeys those policies or procedures will be immediately expelled from the Score 6 QB Academy. The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such minor and his/her respective estate, representatives and assigns.

As parent/guardian, I/We give permission for photographs and video to be taken during the Score 6 QB Academy. These images will remain the property of the Score 6 QB Academy and may be used in publications and marketing campaigns. I/We understand that the media will also be notified of the Academy and therefore give permission for my child to participate in interviews and/or be filmed or photographed by approved news media outlets.

Name of Participant _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Parent/Legal Guardian (please print) _____

Parent/Legal Guardian Signature _____

Date _____