

TWIN CITIES QUARTERBACK ACADEMY

PERMISSION TO PARTICIPATE, AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE AND LIABILITY WAIVER

Please read this document carefully as it affects your legal rights.

Participant's Name _____

Date of birth _____ Grade _____

Parent's and/or Legal Guardian's Name _____

Parent's Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact (other than Parent): _____

Emergency Contact Phone: _____

1. Twin Cities Quarterback Academy, LLC ("TCQA") holds the Twin Cities Quarterback Academy (the "Academy") to teach, train and encourage quarterback skills for the game of football.
2. The Participant, and his/her parents, and/or legal guardians (collectively "Parents") agree to abide by the rules and regulations set by TCQA for health, safety and welfare of the Participants. All Participant forms are due before the Academy begins.
3. The TCQA reserves the right to dismiss a Participant from the Academy whose conduct or influence is unsatisfactory or not in the best interest of the Academy, in the opinion of TCQA, without a refund of any part of the Academy fee. Further, TCQA reserves the right to dismiss a Participant from the Academy whose Parent's or other relative's conduct or influence is unsatisfactory or not in the best interest of the Academy, in the opinion of TCQA, without a refund of any part of the Academy fee.
4. TCQA is not responsible for lost or damaged clothing or personal belongings.
5. The Participant and Parents know the risks and dangers of participating in a "no contact" football camp such as the Academy. Even with proper supervision, safety equipment and following all Academy rules, risks cannot be completely avoided. Risks include serious physical injury (or death) from falling; contact with participants, spectators, or equipment; abrasions, cuts, bruises, sprains, strains, broken bones, concussions, dehydration, fatigue and/or other injuries or health conditions.

6. Please list below any medical conditions, allergies, physical limitations and/or special needs that you believe TCQA should know about the Participant: _____

7. TCQA does not provide medical, disability or life insurance of any kind for any Participant.

I, _____ am the parent/legal guardian of the Participant, _____ who is a minor child. As lawful consideration of my minor child being permitted to be a participant in the Academy, I agree that neither my child nor I will make a claim against, sue, demand, or assign a claim against TCQA, its officers, directors, members, representatives, agents, coaches, employees, independent contractors, volunteers, vendors, sponsors, subsidiaries, affiliates, and/or insurance carriers, for any damage, loss, cost, medical expenses, illness, injury or death resulting from my child's attendance at the Academy.

I know that TCQA does NOT provide medical, disability or life insurance and I am responsible for all medical expenses resulting from my child's participation in the Academy. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the Academy's staff to act on my behalf in case of a medical emergency and to arrange for transportation, if necessary, to the nearest medical facility.

In case of an emergency, Academy staff will attempt to contact parents or emergency contacts. If I cannot be reached in an emergency, I give permission for my child to be driven by Academy staff, or to be transported by ambulance to the nearest clinic or hospital and authorize emergency medical treatment deemed necessary by medical staff.

I affirm that I have fully described all known medical conditions, allergies, physical limitations and/or special needs of the Participant.

This Release shall be binding upon my heirs, next of kin, executors, administrators, successors and assigns in the event of a personal injury of the Participant, including death, illness, injury, and/or property damage. This Release shall be binding to the full extent permitted by law. If any part of this Release is found to be unenforceable, the remaining terms shall be enforceable. Any claim arising from or related to the Participant's involvement in this Academy shall be interpreted and enforced according to Minnesota law in the District Court of the County in which the Academy activity takes place.

I have carefully read this Permission to Participate, Authorization for Medical Treatment and Release and Liability Waiver and fully understand its contents.

Parent's Signature _____ Date _____