



## **WAIVER/RELEASE FORM LEVI WALLACE COMBINE**

### **I. PARENTAL CONSENT**

I, The parent or legal guardian of (Child Name)

\_\_\_\_\_, a participant in the LEVI WALLACE COMBINE, does hereby grant permission for his/her participation in any and all conditioning camp activities.

\* **Initials:** \_\_\_\_\_

### **II. REALEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, LEVI WALLACE COMBINE, administration, coaches, sponsors, volunteers, participants, and persons for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

\* **Initials:** \_\_\_\_\_

### **III. MEDICAL RELEASE**

Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment, and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Parent or Guardian Name:

Telephone#: \_\_\_\_\_ Work#: \_\_\_\_\_

\***Initials:** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.**

\*PRINT Parent of Legal Guardian Name \*SIGNATURE Parent or Legal Guardian

\*Date \_\_\_\_\_

\_\_\_\_\_  
PLAYER AGE: \_\_\_\_\_