



***XPro Football Skills Training Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver****

Participant's Name _____ Birth Date _____

School Currently Attending _____ Grade _____

Address _____ City _____

Zip Code _____ Participant's Home Phone # _____ Participant's Cell Phone # _____

Participant's E-Mail _____ Family E-Mail _____

Emergency Information

Mother's Name _____ Home # _____ Cell/Alternate

Father's Name _____ Home # _____ Cell/Alternate

**(Please sign disclaimer and waiver on next page.)*

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____

Relationship _____

Home# _____ Cell#/Alternate

Name _____

Relationship _____

Home# _____ Cell#/Alternate

HEALTH CONCERNS *(Please identify any allergies (to include foods), health problems, **medications**, or other health concerns):*

Family Physician: _____ Phone _____

Dental Provider: _____

Phone# _____

Medical/Hospital Insurance Company _____

Grp# _____

Policy Holder's Name _____ Policy

Additional Information that May Be Helpful

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

XPro Football Skills Training, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "XPro Football Skills Training or XPro"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with XPro and all related activities associated with XPro, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF XPro allowing me or my child to participate in events, activities, or travel with XPro and all related activities associated with XPro, including those overnight College Camp Tours from **June 1, 20__ through June 30th, 20__**. I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF XPro Football Skills Training allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE XPro** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS XPro** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS XPro** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

OVERNIGHT COLLEGE TOUR PARTICPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the College Tour, and to obey requests to comply with safety regulations as directed by the persons in charge of the College Tour, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt and will not disturb or distract the driver when using private or public transportation to travel to and from activities. At all Youth Group sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as XPro deems necessary. **PLEASE BRING T-SHIRTS; SHORTS; CLEATS; TENNIS SHOES; OVERNIGHT BAG; AND MONEY FOR ADDITIONAL SNACKS, ETC.**

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the College Tours and Activities, including any use of private or public transportation deemed necessary by the persons in charge of the

Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as XPro deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including
June 1st, 20__ to and including June 30th, 20__.**

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date