

Cardinal and Gray Football Clinic LLC Waiver Form

Cardinal and Gray Football Clinic LLC Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Liability Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to Cardinal and Gray Football Clinic LLC.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed as a result of participation in activities of the Cardinal and Gray Football Clinic. As the undersigned Releasor, I understand that Cardinal and Gray Football Clinic LLC does not require me to participate in this Clinic, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Cardinal and Gray Football Clinic LLC, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from, or associated with, this Clinic, and I release Cardinal and Gray Football Clinic LLC and all of their respective affiliates, departments, employees, agents, and contractors (collectively "Releases"), from any and all claims, demands, suits, judgments, damages, actions and liabilities, of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the activities from this Clinic, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require. I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature

Parent's Signature, if Signatory is under 18 years of age

Print Name

Date

Medical and Emergency Contact Information:

Participant Name:

Home Address:

City, State, Zip, Country:

Name of Physician:

Physician Phone Number: _____

Date of last tetanus shot: _____

List of current medications:

List of allergies:

List of any medication you are bringing to the Clinic: _____

Does your child need Clinic staff to store and/or dispense medications? If yes, please provide specific instructions: _____

Insurance Provider:

Insurance Policy Number/Group Number:

Name of primary subscriber/relation to participant: _____

Subscriber's date of birth:

Parent/Guardian Name:

Relationship to Participant:

Home Address:

City, State, Zip, Country:

Parent/Guardian Cell Phone: _____

Secondary Phone: _____

Emergency Contact 2 Name:

Relationship to Participant

Emergency Contact 2 Cell Phone: _____

Secondary Phone: _____

Names of the person(s) to whom we may release your child if we are unable to contact parent(s)/guardian(s):

Medical Treatment Consent

In case of emergency, if parent or guardian cannot be reached, I hereby grant permission to MIT Medical Department or the local Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary

Signature of Parent/Guardian _____

Date _____