

**Personal Info & Medical Release Waiver**

<b>Contact Details:</b>	<b>(Please fill in ALL areas clearly)</b>
Athlete Name:	
Date of Birth:	
Home Number / Cell Number(s):	
Email Address:	
Home Address (Street, Town, Zip):	
Emergency Contact Name:	
Emergency Contact Email:	
Phone Number & Relationship:	

**Medical Release Waiver**

I, \_\_\_\_\_, acknowledge that I, individually, have voluntarily applied to participate in the spring conditioning clinic with Westborough Youth Football and Cheer (WYFC). I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to me and my child are greater than the risk assumed.

I am aware that although WYFC, its subsidiaries, and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that an athlete, when training, through no fault of his/her own, his/her trainer(s) or the facility may become injured for a variety of reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my conditioning or the instruction of WYFC. I further represent that I carry full and complete medical insurance coverage. I acknowledge that WYFC has not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by WYFC to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that WYFCs, its officers, employers and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or account of death, personal injury, property damage or loss of any kind resulting from or related to use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold QB1, WYFC, and Zelos Athletics harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of WYFC, its employees agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

Athlete's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (if athlete(s) is/are under 18) Date: \_\_\_\_\_

**Media Release Waiver**

In addition to being permitted by WYFC to participate in its training program and to use its facilities, I hereby permit WYFC to use my name, image, and likeness for promotional purposes limited to its athletic training programs and facilities. WYFC promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised on the potential dangers incidental to engaging in the activity and instruction of athlete training and I am aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (if athlete(s) is/are under 18) Date: \_\_\_\_\_