

Waiver and Release of Liability
DIME DYNASTY LLC - Quarterback Training Services

***PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND
WAIVER OF CERTAIN LEGAL RIGHTS.***

In consideration of being permitted to participate in quarterback training activities provided by **Dime Dynasty LLC** ("the Company"), I, the undersigned, (or my parent/guardian if I am a minor), hereby acknowledge, understand, and agree to the following:

1. Nature of Activities:

I understand that quarterback training involves strenuous physical activity, including but not limited to throwing, running, agility drills, strength training, and other related exercises. I acknowledge that these activities carry inherent risks of injury.

2. Assumption of Risk:

I am aware of and voluntarily assume all risks associated with participating in these activities, including but not limited to:

- * Muscle strains, sprains, and tears.
- * Ligament injuries, including knee and ankle injuries.
- * Fractures and broken bones.
- * Head injuries, including concussions.
- * Cardiovascular events.
- * Other injuries that may occur due to physical exertion or equipment use.

3. Release of Liability:

I hereby release, waive, discharge, and covenant not to sue **Dime Dynasty LLC**, its owners, employees, agents, and representatives (collectively, "the Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in any activities, or while in, on, or upon the premises where the activities are being conducted.

4. Medical Conditions:

I represent that I am in good physical condition and have no medical condition that would prevent me from participating in these activities. I agree to consult with my physician before participating if I have any concerns about my health. I will immediately inform **Dime Dynasty LLC** of any changes in my medical condition.

5. Emergency Medical Authorization:

In the event of an injury or medical emergency, I authorize **Dime Dynasty LLC** to obtain emergency medical treatment on my behalf.

6. Parent/Guardian Consent (for minors):

If I am a minor, my parent or guardian hereby consents to my participation in these activities and agrees to all the terms and conditions of this waiver.

7. Governing Law:

This waiver shall be governed by and construed in accordance with the laws of the State of Florida.

8. Severability:

If any provision of this waiver is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

9. Entire Agreement:

This waiver constitutes the entire agreement between the parties and supersedes all prior agreements or understandings, whether written or oral.

I have carefully read this waiver and release of liability, and I fully understand its contents. I voluntarily agree to its terms and conditions.

Participant Information:

* Name (Printed): _____

* Signature: _____

* Date: _____

* Address: _____

* Phone Number: _____

* Email: _____

Parent/Guardian Information (if participant is a minor):

* Name (Printed): _____

* Signature: _____

* Date: _____

* Relationship to Minor: _____

Please return this signed waiver before participating in any training activities.