AFA DROP-IN SPEED CAMP

## WAIVER FORM

I,

PARTICIPATE IN THE PHYSICAL FITNESS EVALUATION PROGRAM CONDUCTED BY AFA
SPORTS PERFORMANCE (COACH MARCOS). I ALSO GIVE PERMISSION (FOR MY CHILD) TO
BE FILMED, PHOTOGRAPHED, AND PUBLISHED ON AFA SOCIAL MEDIA PAGES, AND HAVE
MY LIKENESS AND IMAGE USED FOR PROMOTIONAL PURPOSES OF THE SERVICES
PROVIDED BY AFA SPORTS PERFORMANCE (COACH MARCOS).

## **RISKS**

I RECOGNIZE THAT EXERCISE CARRIES SOME RISK TO THE MUSCULOSKELETAL SYSTEM (SPRAINS, STRAINS) AND THE CARDIORESPIRATORY SYSTEM (DIZZINESS, DISCOMFORT IN BREATHING, HEART ATTACK). I HEREBY CERTIFY THAT I KNOW OF NO MEDICAL PROBLEM (EXCEPT THOSE NOTED BELOW) THAT WOULD INCREASE MY (CHILD'S) RISK OF ILLNESS AND INJURY AS A RESULT OF PARTICIPATION IN A REGULAR EXERCISE PROGRAM. BY SIGNING THIS CONSENT FORM I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR MY (CHILD'S) ACTIONS DURING MY (OR THEIR) TENURE AT ANY SESSION HELD WITH AFA SPORTS PERFORMANCE (COACH MARCOS), AND THAT I WAIVE THE RESPONSIBILITY OF THIS COMPANY/PROVIDER IF I (OR MY CHILD) SHOULD INCUR ANY INJURY AS A RESULT OF MY (OR THEIR) NEGLIGENCE.

## **AFA ATHLETE PAR-Q**

VEC	No

DO YOU FEEL PAIN IN YOUR CHEST AT REST, DURING YOUR DAILY ACTIVITIES OF LIVING, OR WHEN YOU DO PHYSICAL ACTIVITY?

YES No

HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION OR HIGH BLOOD PRESSURE?

Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?

YES No

HAVE YOU EVER BEEN DIAGNOSED WITH ANOTHER CHRONIC MEDICAL CONDITION? (OTHER THAN HEART DISEASE OR HIGH BLOOD PRESSURE)

YES NO

ARE YOU CURRENTLY TAKING PRESCRIBED MEDICATIONS FOR A CHRONIC MEDICAL CONDITION?

YES No

DO YOU CURRENTLY HAVE (OR HAVE HAD WITHIN THE PAST 12 MONTHS) A BONE, JOINT, OR SOFT TISSUE (MUSCLE, LIGAMENT, OR TENDON) PROBLEM THAT COULD BE MADE WORSE BY BECOMING MORE PHYSICALLY ACTIVE?

YES NO

PARENT SIGNATURE

HAS YOUR DOCTOR EVER SAID THAT YOU SHOULD ONLY DO MEDICALLY SUPERVISED PHYSICAL ACTIVITY?

ATHLETE SIGNATURE

No

DATE: \_\_/\_\_\_\_

ATHLETE SIGNATURE

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