



Participant Liability Release and Medical Waiver Form

Minor's Name _____ Name of Parent or Legal Guardian _____

Address _____ City, State, Zip _____

Daytime Phone Number (_____) _____

Event: Thanksgiving Clinic

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above event to be conducted by Falcon Elite Training Academy. I, in my own behalf and on behalf of Minor, further agree to release and hold harmless Falcon Elite Training Academy, and any other subsequent body on whose premises the Thanksgiving Clinic will occur (hereinafter the "Event"), the affiliates of the aforementioned entities and/or individuals and the Location (hereinafter the "Releasees"), from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations attorneys' fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, assigns, successors, executors, and administrators against loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other person(s) on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

I, on my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from all liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Guardian

Date

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of injury or illness (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness and/or injury participating in the Event. In the event of such illness and/or injury, I authorize Falcon Elite Training Academy to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for all medical and related bills that may be incurred on behalf of Minor for any illness and/or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. (I also acknowledge that Minor has taken the COVID-19 test with a negative result to participate in the Event (Optional)).

I acknowledge that any medication to which Minor is allergic or any medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____ Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Insurance Provider and Policy number: _____

Emergency Contact (when parent or guardian is unavailable): _____
Name and Phone Number

I, on my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Medical Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Medical Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Medical Waiver Form constitutes a guarantee that the Event will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Guardian

Date

Relationship to Minor: _____

Minor Birth Date: _____