



# WAIVER/CONSENT/RELEASE FORM

### CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE

1. I understand that a risk in participating in any sport, including the QBFG Academy Camp, has the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his physical condition to the camp coaches, staff, or assistants as soon as the problem begins.

2. By signing below, I certify the following:

- That my child is not currently under the care of a physician for an injury or illness that would prevent his safe participation in the QBFG Academy Camp.
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his safe participation in the QBFG Academy Camp.
- That my child has no history of fainting, or other problems related to strenuous exercise; and
- That my child is in good health, and there is no reason he cannot safely participate in strenuous physical activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENTS:

1. By my signature below, I hereby give permission for Akana Athletics LLC and its staff and agents to obtain medical treatment for my child, \_\_\_\_\_, in the event of accident or illness during his presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed, or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations by Akana Athletics LLC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE:

1. In consideration for accepting my child into the QBFG Academy Camp, which uses Bellevue School District facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his participation at camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating at camp.

2. By my signature below, I also agree to release and promise not to sue the Bellevue School District, their employees or agents for any damages, loss, injury, or death arising from my child's participation in the QBFG Academy Camp, unless such damages, loss, or death are caused by willfull and wanton conduct of such employees or agents.

3. I hereby release, waive, discharge, and covenant not to sue, Akana Athletics LLC, its officers, agents, or servants from any and all liability, claims, actions, and causes of actions, whatsoever arising out of, or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted. I hereby further agree that this waiver of liability and hold harmless agreement shall be constructed in accordance with the laws of the state of Washington.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please provide the following medical information for your child:

1. Primary Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Second Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (medication, food, bee sting, etc) Please describe the nature of the reaction (rash, hives, difficulty breathing, etc): \_\_\_\_\_

Injury History (e.g recent sprains, fractures): \_\_\_\_\_

Medical Conditions (e.g asthma, diabetes, cardiac disorders, seizure disorders): \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Date of last tetanus shot (month/year): \_\_\_\_\_