



Participant's Name: Please Print _____

Waiver/Medical Release

I, participant (or participant's parent/legal guardian if participant is under 18 years old) _____, hereby authorize my (my child's) full participation in the Top Recruits Now Combine, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes the Top Recruits Now Combine, and/or its Board of Directors, and their officers, employees, agents, and volunteers. (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, including injuries sustained as a result of the negligence of Releasees. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees. I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Code of Conduct

I understand that no firearms, knives, or any weapons will be allowed; nor will personal music devices, cameras, cell phones, computers, pagers, pets, drinks, food, gum or candy be permitted on the field. I also understand that no alcohol, drugs, stimulants, or tobacco will be allowed on premises, and agree not to be under the influence of any such substance upon arrival or at the event. I agree to follow all instructions, to be prompt, to stay with position coach, and ask permission before leaving for restroom breaks and/or water. I agree not to cause conflict, and to stay calm, patient, and intent on giving my best performance. I understand that my cooperation and performance will result in producing the best product for exposing my skills, athletic abilities, and talent.

Information/Photo/Video Release

I hereby authorize the Top Recruits Now Combine to publish all collected data, including personal information, video, and/or photographs taken of me in its online recruiting database accessible by colleges and universities and other athletic institutions.
www.toprecruitsnow.com

WAIVER & CONSENT

I hereby authorize the Top Recruits Now Combine to publish any video and/or photographs taken of me, and my name, for use in the Top Recruits Now Combine’s printed publications, website, and/or other marketing collateral. I acknowledge that my participation in publications and websites produced by the Top Recruits Now Combine will not result in any financial compensation. I further agree that my participation in any publication, website, and/or other marketing collateral produced by the Top Recruits Now Combine confers upon me no rights of ownership whatsoever. I release the Top Recruits Now Combine, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

Participant’s Name:

Participant’s Signature: _____

Date: _____

(18 or older)

Parent/Legal Guardian Signature: _____

Date: _____

(younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant’s Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Insurance Company: _____

Policy Number: _____

Primary Policy Holder: _____