

Medical Treatment Authorization and Liability Release Form

Please **PRINT** the following information:

Participant's Name	Name of Parent/Legal Guardian	Phone #
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For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereafter "Minor"), hereby grant the permission necessary to allow minor to participate in the above Event to be conducted by QC Legacy Athletics (QCLA), LLC. I acknowledge and agree, in my own behalf and on the behalf of the Minor, that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize QCLA to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless QCLA the school or business facility, on whose premise the Event will occur, (hereafter the "Host") the affiliates of QCLA and the Host, and the respective directors, officers, representatives, members, agents, and employees of QCLA, the Host and their respective affiliates (hereafter collectively "releasees") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury the 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, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that the 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 Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on 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, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

Appearance Agreement. I understand that QCLA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Event the Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf or the Minor, hereby assign, transfer and grant to QCLA its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and /or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Event, in advertising and promoting similar future events. I further understand that neither QCLA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases QC Legacy Athletics from liability and contains an acknowledgement of my voluntary and knowing assumptions of the risk of injury or illness. **I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will. I, identified as Minor, acknowledge that I have read this Release and Waiver form.**

Parent/Guardian Signature	Date
Signature of Minor	Date

I prefer my child **is not** photographed or included in any promotional material: X _____