



**Participant's Name:** \_\_\_\_\_

**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 National Athletic 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 National Athletic 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 agree to stay inside the facility during the entire testing time. I understand that I am required to wear shorts, tee shirt, and wristband issued by the National Athletic Combine, for which I must submit my driver's license or official photo ID (student ID) upon issuance. I agree to return the clothing and wristband in good condition at the end of the day in exchange for my ID, or my information will be frozen. I am required to furnish my own shoes, socks, undershorts, and jock strap. I further agree that no jewelry, additional wristbands, armbands, headbands, scarves, combs, headgear or hats of any kind will be worn.

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 premises. 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 National Athletic 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.



I hereby authorize the National Athletic Combine to publish any video and/or photographs taken of me, and my name, for use in the National Athletic Combine's printed publications, website, and/or other marketing collateral. I acknowledge that since my participation in publications and websites produced by the National Athletic Combine is voluntary, I will not receive financial compensation.

I further agree that my participation in any publication, website, and/or other marketing collateral produced by the National Athletic Combine confers upon me no rights of ownership whatsoever. I release the National Athletic Combine, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

**Additional Information**

I hereby agree to have all pertinent academic records submitted upon request, and in a timely manner. This will include transcripts, GPA, class rank, SAT/ACT/PSAT scores, psychological test results, financial status, and NCAA Clearinghouse status.

I further agree to be responsible for uploading my 3 best complete game videos and highlight video not to exceed 15 minutes start to finish. Videos must be submitted electronically via the National Athletic Combine website.

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:** \_\_\_\_\_