

# The Sports Combine, LLC Registration Form

## Participant

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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## Parents

Parents/Guardians: \_\_\_\_\_  
Mom's Cell Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_  
Dad's Cell Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_  
Mom's E-Mail: \_\_\_\_\_  
Dad's E-Mail: \_\_\_\_\_

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### Medical Release and Authorization

As Parent and/or Guardian of the named individual, I hereby authorize The Sports Combine, LLC, through a qualified licensed medical professional, to perform the following functional screenings of the minor child.

Spine   
Knees   
Shoulders   
Ankles   
Feet

This release is authorized and executed of my own free will, with the sole purpose of authorizing the functional screenings indicated above. I understand that participation in the functional screening component of the Combine is completely optional and is not intended to be, nor should it be construed as, a medical examination. I further understand that the medical professionals conducting the screenings are not employees or agents of The Sports Combine, LLC but instead are independent contractors. I understand and agree that The Sports Combine, LLC is neither responsible nor liable for any acts or omissions of said medical professionals. The Sports Combine, LLC shall use best efforts to protect the privacy and confidentiality of any health information obtained from individuals. The Sports Combines, LLC shall not use or disclose health information it obtains except for its own operations, or for use by the individual. The Sports Combine, LLC will not sell any health information it obtains to any third party without the individual's authorization.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Participant)

**Informed Consent and Acknowledgement Agreement**

I hereby give my approval for my child to participate in the performance testing and functional screenings (if applicable) conducted by The Sports Combine, LLC. on \_\_\_\_\_, 20\_\_\_\_. In exchange for the acceptance of said child's participation by The Sports Combine, LLC, I assume all risk and hazards incidental to the conduct of the performance testing and functional screenings (if applicable), and release, absolve and hold harmless The Sports Combine, LLC, and all its respective officers, agents, members, staff and representatives from any and all liability for injuries to said child arising out of participating in said testing and screenings.

In case of injury to said child, I hereby waive all claims against The Sports Combine, LLC, and all its respective officers, agents, members, staff and representatives or any person working with said child involving The Sports Combine, LLC activities. There is a risk of being injured that is inherent in all sports activities, even in performance testing. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Furthermore, all performance results and other data (except for data relating to functional screenings) gathered by The Sports Combine, LLC, shall be the sole and exclusive property of The Sports Combine, LLC and can be used by The Sports Combine, LLC for any purpose. The Sports Combine, LLC does not retain data gathered in connection functional screenings and any such data is the sole and exclusive property of the participant.

I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged.

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Participant)*

**Media Release**

I hereby grant The Sports Combine, LLC ("TSC"), and those acting under its authority, the right and license to interview, quote, take video tape and photographs of me in connection with my participation in a TSC Combine event and to edit, use and reuse my name, image, quotes, interviews and likeness in all forms and media for all lawful purposes including, but not limited to marketing, promotions, use on the internet and in written and print advertising materials, and internal and external TSC communications. I understand that I will not own any rights to my image or likeness and I waive any opportunity and/or right to inspect or approve the use of my name, image, and likeness in the manner stated above.

I hereby release TSC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I hereby state that I have carefully read the above Release. Acceptance and understanding of this agreement are hereby acknowledged.

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Participant if over the age of 18)*

I certify that I am the parent or guardian of the individual named above, a minor under the age of 18 years old, and I agree to assume full legal responsibility for his or her authorizations made in this Release.

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Parent/Guardian Signature if under the age of 18)*