



The Winning Edge Solution Medical and Waiver release.

Player Name: _____ Birthdate ___/___/___ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name if under 18): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit me or my child to participate in the **Winning Edge Solution clinic**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ Initial Here

As consideration for being permitted by The Winning Edge Solution to participate in these activities, I hereby release and hold harmless The Winning Edge Solution, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold The Winning Edge Solution(its volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Winning Edge Solution, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to the Winning Edge Solution Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. The Winning Edge Solution also does not provide any medical or other insurance protection or benefits for those who participate in the clinics.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE Winning Edge Solution AND SIGNS IT OF MY OWN FREE WILL.

_____ Date _____

Parent or Guardian Signature