

“The Compound”
4600 Waterlick Road, Forest, Virginia 24551
LIABILITY WAIVER, EMERGENCY HEALTH INFORMATION & PARENTAL
AUTHORIZATION
(Please PRINT)

Participant's Name: _____ Date of Birth _____
Address _____
Phone #1 _____ Email Address _____
Emergency Contact Name _____ Relationship _____ Phone _____
Medical Insurance Co. _____ Policy # _____
Date of Most Recent Tetanus Immunization? _____
Medical Conditions (e.g. Allergies, Diabetes, Asthma, epilepsy, disabilities.) _____

Current Medications _____

Explain if “Yes” to any questions

Have you been hospitalized within the last year?	Yes	No	_____
Have you had surgery in the last year?	Yes	No	_____
Have you suffered from a head injury in the last year?	Yes	No	_____
Have you ever suffered from a concussion?	Yes	No	_____
Do you suffer from asthma?	Yes	No	_____
Have you ever suffered a neck injury?	Yes	No	_____
Do you wear glasses or contacts?	Yes	No	_____

PLEASE COMPLETE IF PARTICIPANT IS A MINOR

Mother's/Guardian's Name _____ Date of Birth _____
Mother's Day Phone _____ Mother's Evening Phone _____
Father's/Guardian's Name _____ Date of Birth _____
Father's Day Phone _____ Father's Evening Phone _____

I hereby assume all risks of participation in any activity occurring at “The Compound”, including, but not limited to property loss or damage, personal injury, or death, that may result from any activity including, but not limited to, sports and training activities, of the participant while on the premises of “The Compound.” I understand the inherent risks and dangers associated with this type of activity, and do agree to indemnify, defend, and hold harmless “The Compound”, Compound Athletics, LLC, and its officers, employees, agents, coaches, athletic trainers, and instructors from any and all liability, including claims and suits at law, for injury, fatal or otherwise, and property loss or damage which may result from any negligence or participation in any activities occurring on the premises, sports camps, or clinic activities.

I certify that the participant is physically able to participate in sports activities, sports camp, or clinic activities and has had a physical within the past year-to-date of participation in any sports activities occurring on the premises.

In the event of an injury, illness, or accident involving the participant, I hereby give my consent for medical treatment and permission to a certified athletic trainer to supervise on-site first aid. I agree to assume any and all costs related to such treatment. I understand that each participant must provide his or her own medical insurance in order to participate in sports activity, camp, or clinic occurring at “The Compound.”

I understand that I am responsible for any and all medical and other changes related to the aforementioned participant's attendance and participation in any sports activity, clinic, or camp held at “The Compound.” I also understand that registration is not considered complete until this completed and signed form is on file.

Participant or Guardian Signature

Date