

**Fellowship of Christian Athletes (FCA) Combine
&
ASPC Open Combine**

Catastrophic Injury Waiver

The possibility of sustaining a catastrophic injury is inherent in any athletic activity. I, the parent or legal guardian of _____, understand that by participating in the events at the Fellowship of Christian Athletes (FCA) Combine & the ASPC Open Combine the potential of a catastrophic injury does exist, although it is very rare. With this fact in mind, I understand the importance of rules and procedures as well as the necessity of using proper techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist even though the above is followed to the fullest.

Authorization to Treat & Care

I, the parent or legal guardian of _____, gives authorization to the athletic training staff and/or medical consultants to evaluate and treat, at my expense if any is incurred, any injuries that occur during my son's participation in the FCA Combine or the ASPC Open Combine. I understand that the Medical Director of the Event has the authority to eliminate him from further participation in the events at the FCA Combine or the ASPC Open Combine because of an injury, pre-existing condition, and/or because of undue liability to the Combine.

Signature of parent or guardian

Date

*******SIGNATURE IS REQUIRED FOR ALL PARTICIPANTS*******
PARENT OR LEGAL GUARDIAN'S SIGNATURE IS REQUIRED IF UNDER 18