

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

Release & Liability Waiver

In recognition of & with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I, the undersigned, warrant that \_\_\_\_\_ is presently in good physical condition and hereby agree to assume the risk of any injury that may result from my participation of activities in the FCA Combine or the ASPC Open Combine. (the "Event").

Therefore, in consideration for being permitted to participate in the Event, I hereby release, waive, and forever discharge the Fellowship of Christian Athletes, Dr. Ken Martin, Arkansas Sports Performance Center, all sponsors, their agents, employees, and officers, from any and every claim, demand or act of whatever kind, arising from bodily harm, personal injury or death resulting from any accident which may occur as a result of participation in the Event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered me in connection with my participation in the Event.

I, the undersigned, understand as a participant that a breach of the Code of Conduct will result in dismissal from the Event.

I, the undersigned, affirmatively swear that I am the parent or legal guardian of the participant and am fully competent to and do hereby execute this Release and Waiver on behalf of that individual, heirs or assigns. I further represent and warrant that I have read and fully understand the terms of this document and their legal significance.

In witness whereof I have voluntarily and without inducement from any party executed this Release and Waiver.

\_\_\_\_\_  
Signature (parent or guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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