CH Productions Presents:

Philadelphia QB Academy

Camp Waiver & Release of Liability

Insurance & Waiver

The insurance provided will cover only an injury or illness resulting from activity which occurred while the camper was participating in Philadelphia QB Academy activities up to the limits of the purchased camp insurance. Parents/Legal guardians will be responsible for medical bills for a camper with a pre-existing medical condition(s).

Philadelphia QB Academy staff & physical trainer will manage head injuries, including suspected concussions, conservatively using the 'ABC' (A-Assess the situation, B-Be alert for signs and symptoms, C-Contact a health care professional) recommendation of the Centers for Disease Control and Prevention (CDC). This includes immediate removal of a camp participant from play upon sustaining a head injury and using appropriate field clinical techniques to screen a camp participant for typical signs and symptoms associated with a concussion. Upon presenting with any associated signs and symptoms of a concussion, Philadelphia QB Academy's certified athletic trainer will advise a parent/legal guardian/coach that the respective camp participant discontinue play immediately. Philadelphia QB Academy adheres to the notion that a licensed physician with training in managing traumatic brain injury will make the final recommendations and decision regarding returning a camp participant to physical activity after a head injury with suspected concussion. Thus, Philadelphia QB Academy personnel WILL NOT make such decisions on re-entry to play and/or activity during camp or after.

I give permission for camp staff to provide treatment (and transportation if needed) related to the health of my child both for routine health care and in an emergency situation. If I cannot be reached in an emergency, I give my permission to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary by medical personnel. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Campers Name: _____ Health Insurance Company : _____

I (guardian's name Print/Sign) _____ / _____ Date: _____ / _____ / _____
certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

I acknowledge that there are physical injury risks associated with participation in the Philadelphia QB Academy, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Philadelphia QB Academy, its staff, volunteers, and Camp Director from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in Philadelphia QB Academy activities, including, but not limited to, for any personal injury that my child may suffer while participating Philadelphia QB Academy program and activities, excepting in the case of gross negligence. I understand and agree on behalf of my child that my child shares the responsibility for safety during Philadelphia QB Academy and activities, and I personally assume on behalf of my child that responsibility. I certify that the participant is in good physical condition, allowing him or her to participate in Philadelphia QB Academy. I understand and certify that my child's participation in Philadelphia QB Academy and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described on the phillyqbacademy.com website, Philadelphia QB Academy brochures, and information packet.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(Guardian Print/Signature) _____ / _____ Date: _____ / _____ / _____

Media Release

I, the undersigned, as a parent/guardian of the above identified youth, a minor, ask that he/she be admitted to participate in this youth program hosted by CH Productions. Additionally, I authorize CH Productions & Philadelphia QB Academy to photograph, videotape, and/or audiotape my child in promotion of this youth football program.

(Guardian Print/Signature) _____ / _____ Date: _____ / _____ / _____

NAME OF PARTICIPANT (PRINT) _____

NAME OF PARENT/GUARDIAN (PRINT) _____

PARENT/GUARDIAN RELATIONSHIP (PRINT) _____

ADDRESS OF PARTICIPANT: (STREET) _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

TELEPHONE NUMBER OF PARENT/GUARDIAN (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

NAME OF HEAD COACH: _____

PARTICIPANTS E-MAIL: _____