



SEADO Enterprises, Inc.  
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## SEADO Enterprises

“A Sports and Information Referral Service”

### “The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp” Student Athlete/Parent/Guardian Release Form

Please take a moment to carefully read and understand that the signing of this release form for your child’s participation in our program/activities that you will be expressly assuming the risk, legal liability, waiving and release of all claims for injuries, damages or losses which you might sustain as a result of participating in any or all activities connected with and associated with aforementioned programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity that my minor child/ward or I may sustain as a result of their participation. I further agree to waive and relinquish all claims against SEADO Enterprises, including their officials, staff, volunteers and employees(hereinafter collectively referred to as SEADO ENTERPRISES “The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp”, which I may have (or that accrue to me) as a result of participating in these programs/activities. I do hereby fully release and forever discharge SEADO ENTERPRISES from any claims for injuries, damages, or losses that I may have accrue to me arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above mentioned information, warning or risk and waiver and release of all claims. If registering via fax, I understand my signature shall substitute for and have the same legal effect as an original form signature.

Student Athlete Name (Please Print): \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Please Print) : \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### CATASTROPHIC INJURY & PERMISSION TO CARE FOR OR TREAT

Please take a moment to carefully read and understand that there is always a possibility of a catastrophic injury in athletics. Although such an injury is deemed rare, there is still the potential of such a tragic event happening. Know this, by signing this waiver form you the student athlete, parent/guardian understand that although there is not intense physical contact there is always a small potential risk of injury. If a catastrophic injury should occur, by signing this waiver you the athlete, parent/guardian give permission to any staff and or medical professional to treat and assess any injuries that may have occurred during the activities. Also by signing this waiver permits medical professionals to take the athlete off site if further care is necessary. In addition, signing this waiver gives SEADO ENTERPRISES the authority to make decisions on the well being of all athletes to be tested.

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_