



# 2021 USA SHOWCASE INFORMED CONSENT FORM

CLUB \_\_\_\_\_

TEAM NAME \_\_\_\_\_

I affirm, as a current member of the named "Club and Team" listed above that I have no medical, physical or mental health conditions which would hinder or prevent my participation in the 2021 USA Showcase; and that I am voluntarily participating as a member of the aforementioned club.

I understand that there exists a risk of certain injuries associated with participation in the listed event, which may include but not be limited to broken bones, muscle injuries, heat exhaustion and other similar or related injuries, including death. I accept the risk for any and all injuries resulting in my participation, including those injuries that might happen or occur enroute to and from my activities during the entire participation period of such activity.

In consideration of my participation, I hereby release, hold harmless and discharge any claims against Clay County School District; Middleburg High School; Clay County, a political subdivision of the State of Florida; the Board of County Commissioners, Clay County, FL; and all public agencies of Clay County; from any present and future claims, liability and demands for property damage, costs or expenses arising as a result of; or in connection, with my participation in the event.

I have carefully read and understand this document and affirm hat I am freely signing this agreement relying on my own judgement and knowledge.

<i>Player Name</i>	<i>Parent Name</i>	<i>Contact Phone</i>	<i>Signature &amp; Date</i>



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\_\_\_\_\_  
**CLUB**

\_\_\_\_\_  
**TEAM NAME**

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