

VELOCITY SPORTS MANAGEMENT

GENERAL ATHLETE PARTICIPATION WAIVER — 2026

PARTICIPANT WAIVER, LIABILITY RELEASE & PARENTAL CONSENT

Applicable to All VSM Programs, Sports & Activities | velocitysm.com

Thank you for your interest in Velocity Sports Management (VSM). This General Athlete Waiver applies to all VSM programs, sports, activities, tryouts, practices, games, showcases, camps, and events. Before your child may participate in any VSM activity, a parent or legal guardian must complete, sign, and return this form. Please read carefully before signing.

SECTION 1 — ATHLETE & CONTACT INFORMATION

Athlete's Full Name: _____ Date of Birth: _____

Age: _____ Gender: _____

School / Grade: _____ GPA: _____

Primary Sport: _____ Position / Event: _____

Other Sports Played: _____ Years of Experience: _____

Parent / Guardian Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Home Address: _____ City / State / Zip: _____

SECTION 2 — EMERGENCY CONTACT & MEDICAL INFORMATION

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: _____ Alt. Phone: _____

Known Medical Conditions / Allergies / Medications:

Prior Serious Injuries (describe + current status): _____

Physical Exam in Last 12 Months? Yes No Cleared for Full Participation? Yes Partial No

Insurance Provider: _____ Policy #: _____

Primary Care Physician: _____ Phone: _____

SECTION 3 — PROGRAM PARTICIPATION

Please check all VSM programs and activities this waiver is intended to cover:

- Flag Football Program
- Speed & Combine Training
- VSM Junior Elite Traveling Team
- Athlete Collegiate Development Program
- Tryouts & Evaluations
- Practices & Games
- Camps & Showcases
- All Current & Future VSM Programs (recommended)

SECTION 4 — ASSUMPTION OF RISK & LIABILITY WAIVER

I, the undersigned parent or legal guardian, acknowledge and agree to the following:

1. ASSUMPTION OF RISK. I understand that participation in athletic activities including but not limited to football, basketball, soccer, baseball, softball, track and field, speed training, combine training, and all other VSM programs involves inherent risks of physical injury, including sprains, strains, fractures, concussions, and other injuries. I voluntarily accept these risks on behalf of my child.

2. RELEASE OF LIABILITY. I hereby release, waive, discharge, and hold harmless Velocity Sports Management, its officers, coaches, staff, volunteers, sponsors, and all partner facilities from any and all claims, demands, losses, damages, or causes of action arising from or related to my child's participation in any VSM program or activity, whether caused by negligence or otherwise.

3. MEDICAL AUTHORIZATION. In the event my child requires emergency medical treatment and I cannot be reached, I authorize VSM staff to seek and consent to emergency medical care on my child's behalf. I agree to be financially responsible for any medical expenses incurred.

4. MEDIA RELEASE. I grant Velocity Sports Management permission to photograph, film, and record my child during all VSM activities, and to use such media for promotional, educational, social media, and marketing purposes without compensation.

5. CODE OF CONDUCT. I agree that my child will conduct themselves in a respectful, sportsmanlike manner at all VSM events. I understand that violations of the Code of Conduct may result in suspension or removal from all VSM programs without refund.

6. TRANSPORTATION. I acknowledge that VSM is not responsible for transportation to and from events unless explicitly arranged. I take full responsibility for my child's safe transportation to and from all VSM activities.

7. SPONSORED PARTICIPATION. I understand that selected athletes may have program costs covered through sponsorship at VSM's sole discretion. Sponsorship decisions may be revised at any time and are not guaranteed upon acceptance to any program.

8. TRAVELING TEAM & COLLEGIATE DEVELOPMENT. I acknowledge that selection to the VSM Junior Elite Traveling Team or the Athlete Collegiate Development Program is competitive and at the sole discretion of VSM coaching staff, and does not constitute a guarantee of continued participation.

9. INDEMNIFICATION. I agree to indemnify and hold harmless Velocity Sports Management from any claims, liabilities, or costs (including attorney's fees) arising from my child's participation in VSM activities.

10. GOVERNING LAW. This agreement shall be governed by the laws of the state in which the VSM activity takes place. If any provision of this agreement is found unenforceable, the remaining provisions shall remain in full force.

SECTION 5 — PARENT / GUARDIAN ACKNOWLEDGMENTS

Please initial each line to confirm your understanding:

- _____ I have read and understand the full Waiver and Liability Release in Section 4.
- _____ I grant permission for my child to participate in the VSM programs checked in Section 3.
- _____ I grant permission for emergency medical treatment if I cannot be reached.
- _____ I grant media/photo/video release as described in Section 4, Item 4.
- _____ I have disclosed all known medical conditions, allergies, and prior injuries above.
- _____ I have reliable transportation for my child to and from all VSM activities.
- _____ I agree to abide by all Velocity Sports Management policies and Code of Conduct.
- _____ I understand that program placement and sponsorship decisions are at VSM's discretion.

SECTION 6 — SIGNATURES

By signing below, I confirm that I am the parent or legal guardian of the named athlete, that I am at least 18 years of age, that I have read this entire document, and that I voluntarily agree to all terms stated herein.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____ Date: _____

Athlete Signature (if 13+): _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Athlete ID / File #: _____ Programs Enrolled: _____

Sponsorship Status: Sponsored Standard Travel Team Eligible: Yes No

Collegiate Dev. Program: Yes No Waiver Expiry: _____

Notes: _____