



For and in consideration of the agreement to provide quarterback training from Mike Dormady and Dormady Elite Passing Academy THE UNDERSIGNED PARTICIPANT AND HIS PARENT AND/OR LEGAL GUARDIAN do hereby represent the following:

1. The PARTICIPANT has consulted with a physician or had the opportunity to consult with a physician to determine he/she is in good health and able to participate in quarterback training.

\_\_\_\_\_ (Participant) \_\_\_\_\_ (Parent/Legal Guardian)

2. The PARTICIPANT is believed to be in good health and able to participate in quarterback training.

\_\_\_\_\_ (Participant) \_\_\_\_\_ (Parent/Legal Guardian)

For and in consideration of the agreement to provide quarterback training from Mike Dormady and Dormady Elite Passing Academy THE UNDERSIGNED PARTICIPANT AND HIS PARENT AND/OR LEGAL GUARDIAN do hereby agree as follows:

I, the undersigned, Individually and on behalf of the PARTICIPANT , do hereby RELEASE AND FOREVER DISCHARGE Mike Dormady and Dormady Elite Passing Academy and any of its owners, agents, employees, and family as well as the premises owner, from and against any and all claims, actions or causes of action of any kind, including but not limited to those involving personal injuries and/or death which may be sustained directly or indirectly from quarterback training EVEN IF SUCH INJURIES AND/OR DEATH IS CAUSED BY THE NEGLIGENCE OF THOSE INDIVIDUALS OR ENTITIES BEING RELEASED.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date