



**COMPLETE QB**  
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**COMPLETE QB 2010  
QUARTERBACK DEVELOPMENT CAMP  
WAIVER FORM**

My child has my permission to attend a Complete QB Camp during 2010. My signature below certifies my child has been examined by a licensed physician within the last 12 months and is able to participate in all football camp-related physical activities. I understand my child may come in contact with other people and objects, and I hereby waive all rights to future claims related to such contact or injuries sustained as a result of such contact. I agree to assume any and all risks associated with my son's participation in a Complete QB Camp and release Complete QB's host site, Complete QB, its Director, and staff from any and all liability related to injury or illness my son may sustain at a Complete QB camp. I further acknowledge my child's photo or likeness may be used for the sole purpose of marketing or advertisement of Complete QB.

**Print Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Print Child Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_