



**Athletic Achievements  
Enterprises, LLC**

P.O. Box 1442 | Belton, TX 76513 | (254) 493-7541 |  
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## Official Player Injury Waiver Consent Form

Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I (we) recognize the possibility of physical injury associated with the sport of football. I (we) release Athletic Achievements Enterprises, LLC (dba TA's Scouting Scoop), and their officers, directors, coaches, employees, agents, volunteers, sponsors, participating athletes, other parents, representatives and successors, and the schools, school districts, colleges or universities, religious organizations and other owners of the facilities where the games are played and their employees (all the foregoing are collectively referred to herein as AAE, LLC), from any and all liabilities, claims, damages and expenses, whether known or unknown, sustained by the Player or by the undersigned which in any way arise out of, or connected with or related to participation by the Player in any activity (including without limitation transportation to and from activities) organized by or in any way associated with Athletic Achievements Enterprises' organization.

Player Signature: \_\_\_\_\_

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

Consenting Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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