## **GULF STATES ELITE SHOWCASE/TRYOUT**

## WAIVER OF LIABILITY

## MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Gulf States Elite Showcase and Tryout, staff, and their agents permission to request treatment as necessary to ensure the well-being of our dependent. I certify that he is in good health and able to participate in the scheduled games.

Signature of Parent/Guardian	Date	
Health Insurance Company		
Health Insurance Policy Number		