



Release and Waiver of Liability Form
This form must be filled out at time of registration

STUDENT INFORMATION

Name of Student _____ Date _____

Date of Birth _____ Age _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

EMERGENCY CONTACT (Other than listed above)

Name _____

Best Phone _____

DEPOSIT INFORMATION

Money for program(s) is due at the time of registration and is non-refundable.

PHOTO RELEASE

I hereby give consent that photographs taken of the participant during programs becomes property of these organizations to be used for public relations purposes or to copyright if they so desire. I agree to hold these organizations harmless against all claims and costs that may arise from reproduction of the photographs.

I agree to these terms: Yes _____ No _____

ALLERGIES _____

MEDICAL CONDITIONS _____

PERMISSION FOR MEDICAL ATTENTION

In case of accident or emergency, I grant the above organization's staff to seek medical attention for _____ and I accept responsibility for costs associated with such treatment.

RELEASE & WAIVER OF LIABILITY

I, _____, hereby acknowledge that participation in recreational activities involves inherent risk of physical injury, illness or loss of personal property and assumes all such risk, thereby releasing the above organization, its staff and officers from any and all claims.

Parent/Guardian Signature _____ Date _____