

Release and Waiver of Liability, Assumption of Risk and Indemnity, and Parental Consent

First / Last Name of Part	icipant		Age
Address			
City	State	Zip code	<u></u>
Date of Birth / /_	Home Phone	Cell Phone	e
Emergency Contact (nar	me and phone #):		
Email address:			-
Team Name:	Coach's	Name	
Agreement: I/We am in good health (have had a ph condition to participate in the activities a tinue further participation in such activities)	at C4. I agree that if at any time		
I/We full understand that activities at C4 and even death. These risks and dang volved in activities. I fully accept and a participation or that of the minor in the a	ers may be caused by my own a ssume all risks and responsibility	action or inaction and the action or ina	ction of others in-
I/We herby release, discharge and cover officers, members, volunteers, employer all liability, claims, demands, losses or behalf makes a claim against any of the above from any litigation expenses, attor	es, other participants and owner damages. I also agree that despergroups listed above, I will inder	rs/lessors of premises where the activ bite this release and waiver of liability, mnify, save and hold harmless each o	ity takes place from I or anyone on my f the parties listed
I/We, the undersigned, hereby authoriz emergency for the undersigned player,			essary in case of an
I, the minor's parent and/or legal guardities and believe the minor to be qualifie release, discharge, covenant not to sue liability, claims, demands, losses, or da ligence of the owners of C4. I further a against any of the parties named above tion expenses, attorney fees, loss liability	d, in good health and in proper part and agree to indemnify, save a mages on the minor's account cagree that despite this release, I to Juill indemnify, save and hold	physical condition to participate in suc nd hold harmless each of the parties aused or alleged to because in whole he minor or anyone on the minor's be harmless each of the parties named	h activities. I hearby isted above from all or in part by the neghalf makes a claim
Participants Signature	Date	Parent/Guardian Signature	Date
This form must be signed by pa Give all Medical Waiver Forms			