## **Participation Waiver**

Prior to engaging in any practice, competition or voluntary physical activity, all participants must sign the Participation Waiver.

## **Waiver Statement**

my voluntary participation in thework/exercises/activities ("Participation"). physical illness or injury (minimal, serious, assuming the risk of illness or injury (minimal, serious, assuming the risk of illness or injury (minimal, serious, catastrophic and medical bills that may be incurred for a Participation in said Event. I hereby for maive, discharge, forever release and hold employees, agents, servants, representation and all liability for negligence or any other and/or expenses (including, but not limited property damage or loss and/or physical infurther agree to reimburse and to make ground action, claim, or demand. I further understand that my picture may be considered that the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage or loss and understand and contains an acknowledgement of my work in the property damage.	eceipt and sufficiency of which are hereby acknowledged, I hereby acknowledge and agree to  ("Event"), including but not necessarily limited to practice, play, and related acknowledge and agree that my Participation in the Event subjects me to the possibility of catastrophic and/or death) and/or possible property damage/loss, and I acknowledge that I am mal, serious, catastrophic and/or death) and/or property damage/loss by Participation in said cal condition which allows me to participate in such Event. In event of such serious illness or /or death), I further acknowledge and understand that I will be responsible for any and all ny illness or injury (minimal, serious, catastrophic and/or death) that may occur from my nyself, my heirs, and my assigns, administrator or executor, and/or personal representative, harmless
Print Name:	Sign Name:
Print Name:	
Print Name:	Sign Name:
Print Name:	
Print Name:	Sign Name:
Print Name:	Sign Name:
Print Name:	
Print Name:	Sign Name:
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