



FLAG, CHEER, & POWDER PUFF CLINICS

Entry Form and Release of Liability

Name of Participant _____

E-mail Address of Guardian _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Birthdate _____

If Participant is under 18 years of age, the parent(s) or guardian(s) must execute the following waiver:

The undersigned, _____, referred to as the parent(s) and natural guardian(s) or legal guardian(s) of _____, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to indemnify, save and hold harmless each and all of the parties herein referred to above as Releasees from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.

Signed _____ Date _____

Name _____ Relationship to Minor _____



FLAG, CHEER, & POWDER PUFF CLINICS

Entry Form and Release of Liability

Name of Participant _____

E-mail Address of Guardian _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Birthdate _____

If Participant is under 18 years of age, the parent(s) or guardian(s) must execute the following waiver:

The undersigned, _____, referred to as the parent(s) and natural guardian(s) or legal guardian(s) of _____, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to indemnify, save and hold harmless each and all of the parties herein referred to above as Releasees from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.

Signed _____ Date _____

Name _____ Relationship to Minor _____