

Buna Athletics Strength and Conditioning Summer Workouts



Buna ISD Waiver of Liability

I give permission for my child _____ to participate in the Buna Summer Strength and Conditioning Workouts. He/She is physically able to participate in the workout activities. I authorize Buna ISD to act for me in an emergency situation requiring medical attention. I will be responsible for any cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against Buna ISD.

Parent or Guardian Signature