

Personal Information:

Name: _____ D O B : _ / _ / _

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact Person: _____

Emergency Ph: _____ Relationship to contact _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any physical activities may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said physical activities. I further represent that neither myself, nor the participant (if minor child), have had nor currently have any common Covid-19 symptoms within the prior 7 days.

Signature: _____

Date: _ / _ / _