



Parents and/or Guardians (Required if Student is Under 18 Years of Age):

I have read this release and waiver of liability; assumption of risk agreement; indemnity agreement; and consent to medical treatment. I fully understand its terms and understand that I and my minor child have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian 1:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian 2:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For Intercollegiate Athletics Only:

I approve / disapprove this request.

Head Coach Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Inform