



## Indoor Track and Field Club

ATHLETE NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_

PARENT NAME and PHONE(s) \_\_\_\_\_

EVENT GROUP \_\_\_\_\_

EMAIL \_\_\_\_\_ T SHIRT SIZE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SCHOOL/COACH \_\_\_\_\_

**Please make checks payable to The Kindersport Foundation Inc.**

### LIABILITY/MEDICAL RELEASE:

I do hereby grant the authority to the staff of The Kindersport Foundation Inc. to render judgment on my son/daughter, the athlete, concerning medical assistance in the event of accident, injury, or illness. I further authorize simple first aid, a medical or surgical diagnosis and treatment that may be deemed necessary. By the very nature of the activity, rigorous physical training, including but not limited to **weight lifting, aerobics, plyometric exercise, gymnastics, pole vault**, and other forms of cardiovascular training carry a risk of injury. No matter how careful the athlete and coach/trainer are, the risk of injury cannot be eliminated. The risk of injury includes minor cuts and bruises and more **serious injury such as broken bones, dislocations, and muscle pulls**. The risk also includes catastrophic injuries such as **paralysis or even death** from rigorous activity. I hereby waive and hold harmless Gary Kinder and any and all Kindersport Foundation Inc. staff working in conjunction with this program, and any and all facilities (including Brentwood High School, Let It Shine Gym, and others) and transportation vehicles The Kindersport Foundation deems necessary to use or teach from or to be associated with whether paid or volunteer for any injuries, claims, or damages. I understand that as with any physical activity that involves motion or height, participation creates risk of injury. My signature below indicates that **I have read and understand the risks involved** in the physical training program in which I/my son/daughter (the athlete) will participate.

Parent/Guardian signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_