

Youth Leagues Participation Waiver



Each child's parent must complete this form. Please Print.

Players First & Last Name:

Girl Boy Grade: _____

Team Name:

Parents First & Last Name:

Email Address:

Phone:

Address:

City/St/Zip:

MUST READ AND SIGN FORM TO PARTICIPATE:

I the undersigned hereby expressly and affirmatively state that my child wishes to participate in the programs offered by Total Fitness Rec Center. I realize that their participation in these activities involve risks of injury, including but not limited to muscle strains, sprains, shin splints, tendonitis, back injuries, heart attack and even the possibility of death. I also realize that there are many other risks of injury including serious and disabling injuries due to their participation in these activities and that it is not possible to specifically list each and every individual risk. However, knowing the material risks and that other injuries and even death are a possibility, I hereby expressly assume all of the outlined risks of injury, all other possible risk of injury and even death which could occur by reason of their participation. I have had an opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction.

This waiver also gives Total Fitness Family Rec Center the authorization to take photos and/or videos of my child, and to use such photos and videos for posting to social media and in advertising.

Parent's Signature:

**Total Fitness FAMILY REC CENTER
1110 16th Ave Ct SE
Dyersville IA 52040
563.875.2727**

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