



## Waiver / Liability Release

---

**Team / School**

**Coach**

---

**Participant Name**

**Birthday**

**Parent / Guardian**

---

**Address**

**City**

**State**

**Zip Code**

---

**Phone**

**Other Phone**

**Email Address**

### **Waiver Statement** (Must Be Signed to Participate)

I recognize that injury may be sustained because of the potentially hazardous nature of this activity. In the event of such injury to myself or my child, if or when my spouse or I cannot be contacted I give permission to the attending physician to render treatment as would be normal, and I agree to pay the usual charge for such treatment. I agree to abide by all facility and equipment rules, regulations, and standards of conduct. I also understand that Kids America, Inc. reserves the right to remove patrons who do not obey the rules, regulations, and standards of conduct. I now release Kids America, Inc., its employees, agents, and assigns from any and all claims, causes of action suits, and related rights for himself/herself, his/her estate, his/her heirs; administrators, executors, etc. for any and all injuries, illnesses, and damages sustained as a result of participation at Kids America, Inc. This release applies to any present or future injuries and it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during this activity. I release the rights of those video tapes and photographs to Kids America. I have read this release and all of its terms. I sign it voluntarily and with full knowledge of its significance. This agreement shall become effective as the date signed below and will remain in force and in effect for one full year.

---

**Signed – Participant or Parent/Legal Guardian (if under age 18)**

**Date**