

PARTICIPATION WAIVER

ORGANIZATION: _____

CHILD'S FULL NAME: _____ D.O.B.: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLEASE READ:

In connection with my child's voluntary participation in activities undertaken for, and with the participation and support of AMP Athletics Institute, LLC, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge AMP Athletics Institute, LLC, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold AMP Athletics Institute, LLC, its officers and directors, employees, agents, and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child during his/her involvement with AMP Athletics Institute, LLC to be used for promotional purposes only.

PERMISSION

I hereby give permission to my child or ward to participate in all activities in the program directed by AMP Athletics Institute, LLC. I further attest that my child is healthy and free from any known injuries that would prevent he/she to participate in any activity.

Parent/Guardian Signature

Date

