

## LIABILITY WAIVER FORM

Athletes Name \_\_\_\_\_ Athletes Phone \_\_\_\_\_

Home Address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

Email Address \_\_\_\_\_ Parent/Guardian email \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Does the athlete have any serious injuries/conditions that can affect their training? If so, please list \_\_\_\_\_

I, (parent/guardian name) \_\_\_\_\_ am aware that participation at Aniciete Training Club has some inherent risks and it is possible that injury may occur. I assume all risks of all injury that may occur in training at Aniciete Training Club. By signing this document, I acknowledge and understand that contracting Covid19 is a possibility, and agree to continue with training.

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

Athlete signature \_\_\_\_\_

Date \_\_\_\_\_