LIABILITY WAIVER FOR MINORS PARTICIPATING IN YOUTH FITNESS FACILITIES

 Child’s Information

First Name Last Male or Female Date of Birth

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip\_\_\_\_\_\_ Home Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number Relationship

 Medical Concerns/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I, and all named individuals above, agree to abide by the rules and regulations set

 forth by the Child & Youth Services (CYS) Middle School & Teen (MST) Program.

 I understand violations or misrepresentation of information on this form, may result

 in restriction, revocation, reduction or loss of program privileges without refund.

 Waiver and Release:

 “I specifically agree to release and hold harmless CYS MST, Fort Benning, and the United States, its officers, agents, and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney fees and court costs, which may result from injury or death, accidental or otherwise, during, or arising from my child’s participation in a recreational program, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless the CYS MST Program, Fort Benning, and the United States from and against any and all such claims.” I recognize that the recreational events or activities being entered into by my child can be dangerous to my child and I accept those dangers, I understand that if my child is injured, this waiver will be used against

 me and anyone else claiming damage in any legal action because of my child’s

 injury. I hereby acknowledge that I understand and am familiar with the nature of

 the activities in which my child will participate at this facility, and affirm that my

 child is in good health and does not have a physical or emotional condition, past

 or present, of which I am aware, which would in any way affect my child’s ability

 to participate in recreational programs. I also understand that I should have

 health and accident insurance to cover injuries arising from participation in

 recreational programs. In case of emergency, I give my permission for emergency

 medical treatment of my child and for transportation to such treatment.

 CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN**:** I represent

 that I am the parent or legal guardian of a minor (hereinafter “my child”) using CYS

 MST facilities, services or equipment. My child is physically and mentally able to

 use the facilities, services and equipment. I have read and understand this

 Release.

 I, the undersigned, have read, understand, affirm, and agree to the above

 statements.

 Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_