

OSAN YOUTH SPORTS
WAIVER RELEASE AND ASSUMPTION OF RISK

SPORT _____ SIGN-UP DATE _____

CHILD'S NAME/AGE _____

BIRTHDATE _____ SEX: **MALE** / **FEMALE**

SPONSOR'S NAME _____ RANK _____

ADDRESS _____

HOME PHONE _____ DUTY PHONE _____

Due to the increased age group and additional risk that may be incurred for this activity, I, _____, parent of _____, understand that an evaluation will be conducted (Skills Assessment). If the assessment does not indicate my child is capable of sustaining the level of skill that is needed to participate, he/she will not be able to participate. This is the determination of the Sports Director. I accept full responsibility and liability in the event my child sustains injury due to participation in an older age division. A medical exam has been conducted (attached) and the physical has indicated (in writing) there are no physical concerns for my child to participate in an advanced, excelled, and higher age division.

Date

Printed Name

Parent's Signature

FOR IN KIND CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN THE OSAN YOUTH SPORTS PROGRAM, I HEREBY RELEASE AND ABSOLVE THE UNITED STATES AIR FORCE, ITS INSTRUMENTALITIES, ALL AGENTS AND REPRESENTATIVES THEREOF, INCLUDING, BUT NOT LIMITED TO, THE OSAN YOUTH CENTER, OF ANY KIND OF LIABILITY FOR ANY LOSS, DAMAGE OR INJURY MY CHILD MAY SUFFER AS A DIRECT OR INDIRECT RESULT OF HIS OR HER PARTICIPATION IN AN ACTIVITY SPONSORED BY THE OSAN YOUTH SPORTS PROGRAM. I ATTEST AND VERIFY THAT, TO THE BEST OF MY KNOWLEDGE, MY CHILD'S PHYSICAL CONDITION AND FITNESS LEVEL ARE ADEQUATE FOR SAFE PARTICIPATION IN OSAN YOUTH SPORTS. IF MY CHILD FEELS ILL, EXPERIENCES UNUSUAL REACTIONS, OR INCURS ANY INJURY WHATSOEVER, I WILL IMMEDIATELY CONTACT THE COACH OR THE YOUTH SPORTS DIRECTOR OF THE OSAN YOUTH SPORTS PROGRAM.

PARENT'S SIGNATURE _____