

The Athletic Edge Parties



Informed Consent and Release

Authorization for Emergency Treatment and Transportation

WAIVER AND RELEASE: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in this event/activity. I agree to hold harmless and indemnify The Athletic Edge, it's officers, directors, agents, employees (paid or volunteer), and sponsors of any event from all claims, suits, or actions resulting or arising out of the activities, acts of participation or the performance of services. I further agree the above cited organization and all personnel shall not be liable for any damages or losses occurring as a result of my involvement, or my child's involvement in the event or related activities.

I do hereby verify that I fully understand and accept the above conditions for permitting my child to participate in this event. I also give my permission if my child is injured, by using this release form, to get emergency medical attention for her/him that might otherwise be denied.

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**This liability waiver is for the party taking place for** \_\_\_\_\_  
**on (date)**\_\_\_\_\_.

**I have read, understand, and agree to this liability waiver for (child's name):**

\_\_\_\_\_

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

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