

ATHLETE PARTICIPATION WAIVER

2019 AZHSWA High School Weightlifting Championship – Central High School, Phoenix, AZ

ATHLETE/STUDENT INFORMATION

First Name: _____	Last Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
School: _____	Grade: _____	Birthdate – MM/DD/YYYY: ____/____/____
Mobile Phone/Text: _____	Home Phone: _____	Email: _____
Address: _____	City, State: _____	Zip: _____

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Parent/Guardian 1 – Name: _____	Relationship: _____	
Work/Cell Phone: _____	Home Phone: _____	Email: _____
Parent/Guardian 2 – Name: _____	Relationship: _____	
Work/Cell Phone: _____	Home Phone: _____	Email: _____
Emergency Contact – Name: _____	Relationship: _____	
Work/Cell Phone: _____	Home Phone: _____	Email: _____

PARTICIPANT ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

NOTE TO MINORS: IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT OR GUARDIAN MUST REVIEW AND AGREE TO THE TERMS BELOW IN ORDER FOR YOU TO PARTICIPATE.

NOTE TO PARENTS/GUARDIANS OF MINORS: YOU ACKNOWLEDGE THAT YOU HAVE REVIEWED, AND AGREED TO THE TERMS BELOW, AND HAVE THE LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF YOUR MINOR CHILD/WARD.

I understand that the Sport of Weightlifting is a physically demanding, athletic endeavor that requires minimum levels of fitness, physical preparation, and technical skill, and may pose inherent dangers, including serious injury.

I hereby attest that my child does not have any health/medical conditions, concerns or injuries that would prevent or limit full participation in the event, competition, or training. We have sufficient Medical coverage for any injury.

I give permission for my child to participate in the event, competition, and/or training. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, indemnify and hold harmless the [Phoenix Union School District](#), the [Phoenix Central High School](#), the Arizona High School Weightlifting Association, and any Staff, Coaches, Students, Volunteers, or Spectators from any claim arising out of any injury to my child.

Signature: X _____ Print Name: _____ Date: _____

PHOTO/VIDEO RELEASE

I give permission to have my child photographed and/or filmed (video) during participation for publicity use and/or news release. I understand that the images or videos may be used in event/school/team print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. YES NO

Signature: X _____ Print Name: _____ Date: _____