

## PARTICIPATION WAIVER

Individual Application	Date of Application:	
Name:		School:
Cell Phone #:		YR in School:
Address:		Birthday:
City:	State:	Zip Code:
Email:		
Email Dad:	Email Mom:	
Responsibility for treatment is covere participation at STRICTLY SPORTS PROrisks. In consideration of being permi PRODUCTIONS, SUE ORAN, or its age death suffered by the undersigned while consideration aforesaid, the undersigned	d by family insurance. T DDUCTIONS activities invol- tted to participate, the un nts, shall be liable on accor- at attendance at a sponsor d waives, releases, and oc claims based on acts of ST	and arrange emergency attention if need requires. The undersigned acknowledges that attendance and wes a certain risk and accepts full responsibility for those indersigned agrees that neither STRICTLY SPORTS unt of any claim arising out of personal injury, illness or ored STRICTLY SPORTS PRODUCTIONS activity. For discharges any and all claims, whether anticipated or RICTLY SPORTS PRODUCTIONS, SUE ORAN, or any
Insurance Company:		
Policy #:		Group #:
Subscriber Name:		
Insurance Company Phone #	t:	
Parent/Legal Guardian Conta	act #:	
Parent/Legal Guardian Addre	ess:	
City:	State:	Zip Code:
		NS, SUE ORAN or its agents, heirs, and assigns, from RICTLY SPORTS PRODUCTIONS activities.
photographs, video, likeness, voice, or w	ords in either newspapers, ertising or communicating	during and anytime after), to use my name, image, radio, film, television, magazines, and other media, and the purposes and activities of STRICTLY SPORTS and activities
	Date:,	20
Parent/Legal Guardian Signature		Participant Signature
Print Name		Print Name

**Contact Information**