

Participant Waiver and Release

Tournament/Class/Activity:

	ces that may arise or result directly or remed as to these risks and in consideration of y, I/We assume all risk of injury, damage and nd hold harmless the 90TEN Training gents from any claim or lawsuit for injury,
Training Academy and authorize the 90T agents to provide emergency medical treatments.	cipation in the activity/program of the 90TEN TEN Training Academy and its employees or ment for me and/or my child on my behalf. To ny child has no physical or other condition that on.
I/We give permission to have my photo, or p	photo of my child or children, taken during the
classes and activities to be used for publicity	y purposes by the 90TEN Training Academy.
Team Name:	_ Email:
Coach: Signature: _	Date:
(Read Carefully Before Signing) – Bring Signed Wai	ver to check in at the event you are attending
Printed Name of Participant or Coach:	Birthdate:
Email:	
Name of Parent/Legal Guardian: PRINT	
Signature:	Date:
Printed Name of Participant or Coach:	Birthdate:
Email:	_Phone Number:
Name of Parent/Legal Guardian: PRINT	
Signature:	Date:
Printed Name of Participant or Coach:	Birthdate:
Email:	
Name of Parent/Legal Guardian: PRINT	
Signature:	Date:

(Read Carefully Before Signing) – Bring Signed Waiver to check in at the event you are attending Page 2 of 2

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Email:	Phone Number:_	
Name of Parent/Legal Guardian: PRINT		
Signature:		_ Date:
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Email:	Phone Number:_	
Name of Parent/Legal Guardian: PRINT		
Signature:		Date:
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Signature:		Date:
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Email:	Phone Number:_	
Name of Parent/Legal Guardian: PRINT		
Signature:		_ Date:
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Email:	Phone Number:_	
Name of Parent/Legal Guardian: PRINT		
Signature:		Date: