

PARTICIPATION WAIVER FORM

The Athlete’s guardian **must sign** this waiver form to be eligible to participate in any activities.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand hereby waiver Lifted Sports, Team Lifted or Lifted Basketball and its coaches, volunteers, employees or any of the administrative staff from any liability of injury, loss or damage to personal health or property associated with activities participation in any our athletic, community or educational events. I also will allow Lifted Sports, Team Lifted or Lifted Basketball and its coaches, volunteers, employees or any of the administrative staff I acknowledge to use photos, videos and other related content of the child for marketing and other business purpose with no compensation or financial benefit.

***I confirm that I have read and understood the content of this document. I am aware that it is legally binding and I sign it out of my own free will.***

**Participant Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ - \_\_\_- \_\_\_\_\_\_ Date of Birth (Male/Female)

City/State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_

**Parent’s Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**

\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** *(If participant is under 18 years of age)*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you hear about Lifted Sports?

\_\_ Facebook \_\_ Instagram \_\_ Google \_\_Radio or Referral \_\_\_\_\_\_\_\_\_\_\_\_

Liftedsports.com