

TDBA OWG Tryout Form

Agreement of Release and Waiver of Liability Form

This Liability Waiver Form must be completed and signed by the parent or guardian for each athlete before participation in the TDBA OWG Tryouts.

Name: _____ D.O.B. _____

Home Address: _____

City/Postal Code: _____

Phone #: _____

Email address: _____

Club: _____

Signature _____ Date: _____

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this and release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailment, or impairments which may affect my ability to participate in said fitness activity.

Parent/Guardian's Signature

Phone: _____

Date: _____

Parent/Guardian's Printed Name

Relationship to contact _____