

EWA Bring-A-Friend Waiver

Child's Name: _____

Age/Birthday: _____

Parent's Name: _____

Address: _____

Phone No.: _____

I, the undersigned parent of _____, permit the above named student to participate in the Eagle's Wings Athletics program. I understand that any sport or activities involving motion or height creates the possibility of serious injury, paralysis and possibly death.

I hereby waive and release any and all claims for damages for myself, my child, my heirs, executors and administrators against Eagle's Wings Athletics and its representatives, successors, and assigns for any and all injuries suffered while by myself or my child at any activity sponsored by Eagle's Wings Athletics.

Signature

Date

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