



1600 Otsego Avenue, Coshocton, Ohio – www.kidsamerica.org – (740) 622-6657

Waiver of Liability Release - Youth Event

I recognize that injury may be sustained because of the potentially hazardous nature of this activity. In the event of such injury to myself or my child, if or when my spouse or I cannot be contacted I give permission to the attending physician to render treatment as would be normal and I agree to pay the usual charge for such treatment.

I agree to abide by all facility and equipment rules, regulations, and standards of conduct. I also understand that Kids America, Inc. reserves the right to remove patrons who do not obey the rules, regulations and standards of conduct.

I now release Kids America, Inc., its employees, agents, and assigns from any and all claims, causes of action suits, and related rights for themselves, their estate, their heirs; administrators, executors, etc. for any and all injuries, illnesses, and damages sustained as a result of participation at Kids America, Inc. This release applies to any present or future injuries and it binds my heirs, executors and administrators.

I understand that participants may be videotaped or photographed during this activity. I release the rights of those video tapes and photographs to Kids America, Inc.

I have read this release and all of its terms. I sign it voluntarily and with full knowledge of its significance. This agreement shall become effective as the date signed below and will remain in force and in effect for one full year.

I certify that all signatures on the reverse roster are complete and binding to release Kids America, Inc. from any liability for our team and/or individual participation in any activity or league.

PRINT Team Name:	PRINT Coach Name:
Coach Email:	Coach Phone Number:
Coach Signature:	Date Signed:

