



## Insurance Waiver

Participant's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### **INSURANCE WAIVER & EXPLANATION**

FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS,  
I \_\_\_\_\_ (Guardian's Name), HEREBY RELEASE THE  
CLUB'S ADMINISTRATORS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITY OF ANY  
KIND, FROM WHATEVER CAUSE, WITHOUT LIMITATIONS, WHICH MAY ARISE FROM  
DAMAGE, INJURY, ILLNESS, DEATH, OR ACCIDENT OCCURRING TO MY SON/DAUGHTER.

\_\_\_\_\_  
(Name of participant)

DURING HIS/HER PARTICIPATION IN THE PROGRAM, I AGREE NOT TO SUE OR  
PROSECUTE ANY CLAIM, DEMAND, OR SUIT OF ANY KIND, DIRECTLY OR INDIRECTLY, IN  
RESPECT THERETO. I FURTHER CERTIFY THAT I HAVE ACCIDENT AND HEALTH  
INSURANCE COVERAGE WITH:

\_\_\_\_\_  
(Name pf Insurance Company)

\_\_\_\_\_  
(Policy Number)

**AS LEGAL PARENT OR GUARDIAN OF SAID PARTICIPANT, I HAVE READ AND I  
UNDERSTAND EVERY WORD OF THIS RELEASE:**

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATED

\_\_\_\_\_  
PRINTED NAME