Waiver and Release Form for GREAT LAKES BAY GAME CHANGERS, LLC

Liability Release and Parental form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Great Lakes Bay Game Changers, its

officials, officers, employees, volunteers and liability may arise out of perceived negligence. It is understood that some recreational activitie accidents, and knowing those risks, I here understood and agreed that this waiver, releas on my heirs and assignees.	on the part of persons mentioned above. s involve an element of risk or danger of by assume those risks. It is further
I give consent for my child the above activities, and I execute the above lia	to participate in ability release on their behalf.
Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that GREAT LAKES BAY GAME CHANGERS, LLC will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.	
Parent/Guardian Signature	
Phone Number	
Print Name/Date	