HIGH RISK ACTIVITY FORM

ALL PARENTS OR GUARDIANS OF ANY CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY AND ALL PROGRAMS OR ACTIVITIES ASSOCIATED WITH YOUTH DYNAMICS MUST COMPLETE THE FOLLOWING *HIGH RISK ACTIVITY FORM* BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM OR ACTIVITY.

(Please keep a copy of this form in youth's file for future reference and update annually)

Child's Name: **Effective from:**   **to:**

☐ Male   ☐ Female   Age:

Personal Information

Parent or Guardian Name:				
Phone Number:	(Home):		(Work):	
	(Cell):		Alternate Contact:	Phone:
	Street		**City**	**State**	**Zip**
Address:				

Special Needs/Allergies/Potential health problems or comments:

Release/Disclaimer

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE **YOUTH DYNAMICS** PREMESIS OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD **YOUTH DYNAMICS**, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that the   does not have on or about the   premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the   facilities, I hereby release and covenant not to sue **Youth Dynamics**, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by **Youth Dynamics**.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is under the age of 18.

Parent/Guardian Name (print): _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____