



DKA Liability Waiver Summer '16



FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, _____ as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as on the adult **AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY** of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Minor Name: _____

Dated: ____|____| 16

D.O.B.: ____|____| ____

Signature: _____

Printed Name: _____

City, State, Zip: _____

Email: _____