



LIABILITY WAIVER

I am aware that participation in the JPBC has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the JPBC, I, the parent/guardian, assume the risk of all injury and agree not to sue JPBC, staff or volunteers, for any and all injuries caused by or resulting from participating in the JPBC. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the JPBC website or advertising media published by JPBC.

Student name: _____ DOB: _____ Grade (Fall 2022): _____

Mother's name: _____ Mother's day phone: _____

Father's name: _____ Father's day phone: _____

In case of EMERGENCY, call: _____

Insurance carrier: _____

Group of policy #: _____

Subscriber #: _____

Name of student's physician: _____

Phone # of physician: _____

Notes: _____