

RELEASE/WAIVER

MEDICAL RELEASE

I, on my own behalf, or on behalf of Minor, acknowledge and agree that participation results in possibility of physical illness or injury. In the event of such illness or injury, I authorize BOSS Athletics to obtain necessary medical treatment for me, or Minor and hereby, on my own behalf or on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of myself, or Minor for any illness or injury that may be sustained. I represent that any medication that I am, or that Minor is allergic or medications that I am, or Minor is currently taking are listed below. I agree that I, or Minor shall bring medications where necessary and shall consume the prescribed dosage for such medications.

Medications (if any)

Allergies (if any)

I acknowledge that the participant suffers from the following conditions

I, on my own behalf or on behalf of Minor, hereby warrant that I have read this Liability Release and Waiver in its entirety and fully understand its contents. I, on my own behalf or on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf or on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Participant or Parent/Guardian (if participant is a minor)

Date

Relationship to Minor (if applicable)