



## Kinder Kickz Medical – Liability Waiver



- This form must be completed prior to your child participating in any Kinder Kickz activity.
- Please dress your child in tennis shoes, shorts or sweats, and shirt or sweatshirt.
- All equipment is provided. There is a water fountain on the site, but we recommend that your child bring a water bottle.

Player's Name (1):	DOB:	Email:	
Player's Name (2):	DOB:		
Street Address:	City:	State:	Zip:
Father's/Guardian's Name:	Home Phone:	Cell Phone:	
Mother's/Guardian's Name:	Home Phone:	Cell Phone:	

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:	Home Phone:	Cell Phone:

Allergies:
Other Medical Conditions:

By signing below, I understand participation in Kinder Kickz may involve the risk of injury to the participant, including injury caused by others. As such, the risk is understood and voluntarily accepted. I/We hereby waive all claims for injury, damage or loss to the participant's person and property during participation in the events and further discharge and release Kinder Kickz, including Renee and/or Chris Ziemer, their agents and/or employees and studio affiliates, such as, but not limited to University of Sports Health and Fitness Club, from all liability for injury, loss, damage, obligation, expense, or penalty sustained by the participant arising out of or in connection with the participant's participation in the program. I/We agree to indemnify and defend Kinder Kickz, including Renee and/or Chris Ziemer, their employees and/or agents and studio affiliates, from all liability for any injury, loss or damage to personal or property arising from or related to the resulting from negligence.

I also give my consent to have Kinder Kickz, including Renee and/or Chris Ziemer, their employees and/or agents and studio affiliates, an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

Name of Participant: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_