



Liability Waiver Form

Participant Name:

Address:

Town/City:

Parent/Guardian Email:

Parent/Guardian Phone:

Emergency Contact/Phone:

Does the participant suffer from any medical conditions that will prevent you from participating in the program, if so what please provide details below.

LIABILITY WAIVER: I am aware that participation in the Walkabout Warriors program has some inherent risk and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the Walkabout Warriors Program, I (Parent/Guardian) assume the risk of all injuries and agree not to sue Walkabout Warriors coaches, assistant coaches, volunteers, teachers for any and all injuries caused by resulting from Walkabout Warriors Program. By signing this waiver, I authorise the use of pictures of the above-name (Participant) to be posted on Walkabout Warriors Advertising social media by Walkabout Warriors.

Participant Signature:

Date:

Parent/Guardian Signature:

Date:

Daniel Evans