

**AFTER HOURS PROGRAM WAIVER**

Age \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address City State Zip Phone

Release:

In consideration of this application being accepted, I hereby release and discharge any and all rights and claims for damages which I or my child may have against the sponsors, organizers, agents and volunteers of the Eagles After Hours Program for any injuries of any kind that my child may incur as a result of participation in the Weight Lifting Class. I understand that participating in any athletic event like weight lifting involves the risk of physical injury and state that my child is physically fit and well-trained to participate in this event. I understand that it will be my responsibility to pay for any emergency services that my child, might require during the Eagles After Hours Program.

I further understand that this weight lifting class is sponsored by Poudre School District and agree that it shall have no liability of any kind in relation to my child's participation in the Eagles After Hours Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian