



Athlete Name: _____

Parent/Guardian Name (if under 18): _____

Contact Number: _____

Email: _____

Grade/Age: _____

I hereby voluntarily permit myself or my child to participate in the **S.K.Y. Development Workouts**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

I hereby authorize the directors of **S.K.Y. Development** to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release **S.K.Y. Development**. I know of no problems that will affect my child's ability to participate in this session, and I agree to be responsible for providing any medical insurance and will pay for all medical costs which may arise as a result of my child's participation in the session which may be in addition to all other charges to which I am responsible in connection with the session.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE S.K.Y. DEVELOPMENT AND ME AND SIGN IT OF MY OWN FREE WILL.

Athlete Signature

Parent/Guardian Signature

Date: _____