

## **PARENTAL WAIVER AND CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the City of Covington Parks and Recreation, its officers, coaches, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

	Name of Child		Date of Birth	
	Street Address			 State
Please	list any medical condition	ons:	•	
	Parent Signature		Date	
		esignated Snort/Seaso		