

STRONG GRIP EVENT WAIVER



NAME OF CHILD: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT NAME: _____

EMAIL: _____

PARENT PHONE NUMBER: _____

I, _____ authorize my child _____ to participate on this event. The risk of possible injury is understood by me, and I am aware of it. It is my understanding that pictures and videos will be taken of my child and I don't intend to object to their use in any way. I acknowledge that the pictures and videos may be used for promotional purposes on social media and other platforms.

PARENT OR LEGAL GUARDIAN PRINTED NAME

SIGNATURE

DATE SIGNED.