



Landon Athletics Wavier

I, undersigned, hereby certify that I am the parent or legal guardian of the athlete. I grant permission for my son/daughter to attend Landon Athletics. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in the activities related to the academy.

I agree to indemnify, hold harmless, and forever discharge the Landon Athletics, it's staff, agents, or employees for any and all liabilities, claims, and causes of actions from injury, loss, or property damage caused to my son/daughter while at the academy. I hereby authorize any physician or trainer selected by Landon Athletics personnel to order and conduct any medical treatment deemed necessary. I will be responsible for any and all costs of medical attention and treatment. This waiver only holds for one month after a month if the athlete wishes to continue to train with Landon Athletics they will need to join the club.

Athlete's Name _____

Athlete's Signature : _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date: _____