

TURNER SCHOOL OF THROWS

Athletic participation Waiver

I, (parent name here) _____ verify my child _____

has had a physical exam in the past year and can participate in the activities related to the club. I agree to indemnify, hold harmless and defend Floyd Turner II, Turner School of Throws, and/or their agents of employees from all liability for injury to my child as well as any injury or damage caused by my child. In addition, I hereby grant permission for Turner School of Throws to use any photography or videotape of related club activities for advertising or educational video materials.

PARENT'S SIGNATURE _____ DATE _____

ATHLETE'S SIGNATURE _____ DATE _____