



**PARENT/GUARDIAN CONSENT FOR PARTICIPATION
IN SALINE VARSITY BLUES**

Cast Member Name: _____ Cast: KC JV

Address: _____

City, State, Zip: _____

I (we), as parent(s) / guardian(s), understand that participation in the Saline Varsity Blues is voluntary. I (we) realize there is a possibility that my (our) son or daughter may suffer injury, including permanent paralysis or death, as a result of participation in the Saline Varsity Blues. I (we), as parent(s) / guardian(s), hereby release the Saline Varsity Blues, its Director(s), Board Members, or anyone associated or working with the organization from any liability resulting from such injury.

I (we) further understand that the Saline Varsity Blues disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my (our) son or daughter while participating in any Saline Varsity Blues activity or preparation thereof.

My (our) above-named son or daughter has my (our) approval and permission to participate in the Saline Varsity Blues.

I (we) further acknowledge that before my (our) son or daughter can participate in the Saline Varsity Blues, this consent must be executed by me (us) and filed with the Board of Directors.

Comments, feedback, and/or grievances must be handled in a professional and respectful manner at all times and shall be delivered in writing to Saline Varsity Blues by email to: salinevarsityblues@gmail.com.

Please Print: Mother /Guardian Name

Mother / Guardian Signature

Date

Please Print: Father / Guardian Name

Father / Guardian Signature

Date