



## Participation Waiver Form

### Information

Sport(s): \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Consent and Release

By signing below, I agree to the following:

- I hereby give my permission for the above named Person to participate in the above named Sport's practice.
- The above named Person is not currently under medical care for any condition that would limit his/her ability to safely and fully participate in the above named Sport(s).
- I recognize the possibility of physical injury associated with the above name Sport(s) and in consideration for Providence Athletic Club ("PAC") accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify PAC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs.
- I acknowledge that while PAC does background checks on all coaches and all coaches must sign a statement of faith, PAC is not responsible for the conduct of each coach.
- I  do /  do not (please check one) grant permission to PAC to authorize publication of my child's name and/or photograph on the PAC website, in advertisements and other publications.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_