

Please fill out the following form. You cannot save typed data into this form.
Please print your completed form if you would like a copy for your records.

Release of Liability:

In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by the clinic to hospitalize and secure medical treatment for my child.

The participant enrolling at Benningfield and Associates Summer Speed & Agility Camp and his/her parent(s) or legal guardian(s) assume all risk of loss of property or injury to the person, including resulting in death caused by or incidental to dangers associated with speed and agility activities and agree that there are certain inherent dangers to speed and agility participation and therefore, agree to Benningfield and Associates Chiropractic, their owners, and employees harmless and specifically agree not to make any claim against Benningfield and Associates Chiropractic for any of these injuries which would normally be considered to be a normal risk associated with participation in speed and agility activity.

Signature of Parent or Guardian

Date