

RICKY KRAUTMAN KICKING LLC.

WAIVER & RELEASE

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Parent/ Guardian: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Grade Entering in fall: _____ Current Age: _____ Team/School: _____

If you were referred by a coach, please list name: _____

Medical Insurance: Ricky Krautman Kicking LLC. Does Not provide medical insurance for clients. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be used. We require clients to be covered by some form of Personal medical insurance.

Health Insurance Carrier: _____ Policy #: _____

If you do not have insurance, please state that you will take full responsibility for any Injury coverage.

Parent/ Guardian Signature: _____

RELEASE: I, the undersigned individually and as parent(s) and guardian(s) of _____ a minor, ask that he/she be admitted to participate in Ricky Krautman Kicking LLC., I do hereby agree to release, discharge and hold harmless Ricky Krautman Kicking LLC., from all causes, liabilities, damages, claims, or demands whatsoever on account of Injury or Accident involving the said minor arising from the minor's participation and/ or activities In connection with Ricky Krautman Kicking LLC. I approve the use of photos/videos taken by Ricky Krautman Kicking LLC. Rules and regulations Subject to change at any time. No Refunds.

A PARENT OR GUARDIAN MUST SIGN: _____