

District 155 Summer Shoot-out
Waiver Form

I, _____ (full name), allow my daughter, _____ (full name) to participate in the 4th Annual District 155 Summer Shoot-out Friday, June 19th and Saturday, June 20th, 2009. By signing this waiver, I release any and all liability of harm, injury, or sickness of my daughter at any and all District 155 facilities and any and all District 155 employees. I also give permission to trainers or qualified District 155 employees on site to act in the best interest of my daughter in the event she is harmed, injured, or becomes ill.

Parent's Signature:

Child's Name:

Child's School:

Date: _____