



## “No Physical Form” Waiver

**Must be completed by any parent/legal guardian who is unable to provide a copy of a signed physical from a doctor.**

[       ] To the best of my knowledge, the below named registrant is physically and psychologically capable of participating in the 2016 Fellowship Sports camp. By signing this waiver, I explicitly take full responsibility of the aforementioned registrant’s participation in the 2016 Fellowship Sports camp without a signed physical from his/her doctor. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Fellowship Sports, Plateau Event Productions, Inc., their officers, officials, directors, staff, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releases”), with respect to any and all injury, disability, death, or loss or damage to person or property caused as a result of this lack of physician documentation. By signing this waiver, I acknowledge its receipt and understanding of its contents. As the parent or legal guardian of the applicant, I realize that it is my ultimate responsibility to ensure that I gain clarity on any areas prior to signing.

**Registrant’s Name** \_\_\_\_\_

**Print Parent/Guardian’s Name** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_