

PARTICIPANT WAIVER

I,	, in consideration of the Woodbury
season open gyms, practices and 2024, agree that Woodbury Hig	n giving me the opportunity to participate in pred clinics between February 20, 2024 and May 1, h School, the Cheerleading Team, and the Team ny damage or injury sustained to me as a result of ntioned events.
risks and dangers known or unk attendance and participation at t	ting, as above mentioned, I voluntarily assume all mown, foreseen or unforeseen, attendant to my the event. I further declare that this release contains the parties and that I have read and fully understand
PARTICIPANT NAME (PRINTED)	
PARENT/GUARDIAN NAME (PRINTEI	D)
PARENT/GUARDIAN SIGNATURE	
PARTICIPANT ADDRESS	
PARENT PHONE	-
 Date	-

**ALL INJURY WAIVERS MUST BE FULLY COMPLETED. WAIVERS MUST BE HANDED IN BEFORE THE START OF THE EVENT. THANK YOU.