# Kenton County Youth Sports Liability Waiver Form

I, as a player of the Kenton County Youth Sports programs, agree that I shall not hold the league, or any of its officers, directors, or managers responsible for any injury or injuries I may receive as a participant in league activities, either in practice, in a game or traveling to and from the same. It is my responsibility to attend practices and games.

PLAYER’S Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_

I as a parent or legal guardian of the above hereby approve the terms and conditions of this contract signed by my child or ward and will provide transportation to practices and games. I also give Kenton county Youth Sports permission to use my son/daughter’s picture on their website.

Parent or Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Contract is not valid unless signed by Parent or Guardian.