

HOLMES COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION

JUDGE THOMAS C. LEE

1 East Jackson Street, Millersburg, OH 44654

Phone: (330) 674-5841 option 3; Fax: (330) 674-5820

G.R.I.T. ATHLETICS

PARTICIPANT LIABILITY WAIVER / RELEASE OF INFORMATION

As the parent or legal guardian of minor child, _____, I hereby grant permission for him/her to participate in the G.R.I.T. Athletics program at 9:24 CrossFit in Millersburg, Ohio, in partnership with Holmes County Juvenile Court. At my request, this activity may include my minor child being transported in a Holmes County vehicle to and from 9:24 CrossFit by Juvenile Court staff.

Pick up location: _____ Drop off location: _____

I am aware that participation in the program requires physical exertion and acknowledge the risk of physical injury. I understand and agree that my child is participating at his/her own risk, and I am not aware of any physical or medical condition(s) that would interfere with my child's ability to participate.

In consideration of my child being permitted to participate in the G.R.I.T. Athletics program, I hereby release and discharge the Holmes County Juvenile Court and 9:24 CrossFit, their employees and any volunteers from any and all claims for personal injury, death or property damage arising from or in any way connected to participation in the program, except where the same is caused by the willful misconduct or gross negligence of the releasees.

Furthermore, if my child is injured or becomes ill and neither I nor the other parent or legal guardian (if applicable) can be reached at the contact numbers listed below, I give the Holmes County Juvenile Court and/or 9:24 CrossFit permission to seek medical attention for my above-mentioned minor child. In Addition, I also grant permission to Holmes County Juvenile Court to share contact information such as address, telephone number(s) and email address with 9:24 CrossFit.

By signing below, I affirm that I have read and understand this waiver and agree to its contents.

Signature of Parent/Legal Guardian _____ Date ____/____/____

Parent/Legal Guardian Name (please print) _____

EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian Name (please print):

Parent/Legal Guardian Name (please print):

Preferred Phone # (_____)_____

Preferred Phone # (_____)_____

Secondary Phone # (_____)_____

Secondary Phone # (_____)_____

Physician's Name _____

Phone # (_____)_____