

212° AAU GROUP WAIVER AND CONSENT FORM

_____, understand that a minimal level of fitness is necessary to engage in this activity. I further recognize that participation in this activity can expose me and my group to risks and hazards that are directly or inherently involved and could result in injury or development of a physical condition that may be serious in nature, including the potential loss of limb or life. With full knowledge of the facts and circumstances surrounding this activity, I voluntarily undertake in this participation, including all risk of loss of limb or life, property damage, injury to others, and hazards to me and my group.

I assure the Slippery Rock University, Slippery Rock Area School District and Hempfield Area School District, that there are no health-related reasons or problem that preclude or restrict my participation in this activity. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity and that I will indemnify and hold the Slippery Rock University, Slippery Rock Area School District, OR 212° AAU ORGANIZATION harmless in this regard.

I execute this document on my behalf and my group (listed below) with full knowledge of the contents and the consequences stated in this release and waiver.

DATE _____

PRINT NAME	GRADE	SIGNATURE (Under 18 years of age Parent's signature required)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____