

**MAX Athletics**  
709 W. Park Ave. A, B, & C  
Edgewater, FL 32132  
(386) 423-4481

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

**Acknowledge of Risk/Waiver of Liability/Medical Authorization**

As legal guardian of the above-named student/students, I acknowledge that there is inherent risks, including risk of serious injury involved in the activity for which I am registering my child/children. I do hereby affirm that my child/children are physically and mentally capable to participate in said activity.

I understand that participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks both known and unknown and assume full responsibility for my child's/children's participation.

I hereby agree to indemnify, save and hold harmless MAX Athletics, its officers, directors, owners, employees and volunteers from and against any and all rights, actions, causes of actions suits, law suits, losses, damages, judgements, claims, claims of liabilities, cost of expenses of any kind, as well as attorney's fees, including attorney's fees on appeal, or whatsoever kind of nature to which MAX Athletics may be subjected to as a result of my child's/children's participation in the activity for which I am registering. I further agree that this agreement shall apply if my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating.

I have read and understand the ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION, and I verify and affix my name in agreement.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_