

Name \_\_\_\_\_ Year in School \_\_\_\_\_ Age \_\_\_\_\_  
(Please Print Clearly)

School \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

We agree to the Code of Conduct laid out in the State Meet Rules. It is expressly agreed that all excercises shall be undertaken by me at my sole risk and that Kenton City Schools shall not be liable to me for an claims, actions, demands, injuries, damages, or causes of action, whatsoever, to my services and facilities of Kenton Middle/High School or the premises where the same is located.

\_\_\_\_\_  
Athlete Parent or Guardian Date  
.....

Name \_\_\_\_\_ Year in School \_\_\_\_\_ Age \_\_\_\_\_  
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