

**2024-2025 GO PACK FOUNDATION
PSG COMMUNITY PROGRAM - PARTICIPANT WAIVER**

PSG Name: _____

A. PLEASE PRINT THE NAME OF ALL PARTICIPANTS WHO WILL BE PARTICIPATING IN THE GO PACK FOUNDATION SPONSORED EVENT.

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the GO PACK Foundation sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any GO PACK Foundation sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with GO PACK Foundation sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the GO PACK Foundation officers and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any GO PACK Foundation sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Parent/Guardian Name (Please Print): _____ Phone # _____

Parent/Guardian Name (Please Print): _____ Phone # _____

Address: _____