



Release Form

Participant:

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Employed By: _____

The above named participant has my permission to participate in TEAMWORKS programs. TEAMWORKS has my permission, in case of emergency, to give or call for medical care. I also release, on behalf of myself and my heirs, TEAMWORKS Inc., TEAMWORKS Outdoors, Inc., their officers, agents, employees and those associated sponsors, harmless from all liability, which may result from my use of the facilities. I also understand that the participant may be photographed during a program at TEAMWORKS and that photo may be used for promotional materials.

Parent / Guardian Signature: _____ Date: _____