

Polish Falcons of America Family Fun Weekend
September 8 - 10, 2017
SNPJ Recreation Center
270 Martin Road
Enon Valley, PA 16120

Name: _____
Address: _____

Email: _____
Cell Phone #: _____

Nest # : _____ District #: _____

Family Members Attending:

Name:	Age:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____

ADULT WAIVER AND CONSENT FORM

I, the athlete, hereby agree to participate in the activity designated below.

I understand that there are certain risks of injury inherent in the practice and play of this activity, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in the designated activity and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I hereby certify that I do not have a concussion and have not been in the care of a health professional for a concussion in the past year.
_____ YES _____ NO
If no is checked, please include a copy of your release from a health care professional to participate in physical activities such as this event.

I do hereby waive, release, and hold harmless the Polish Falcons of America, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by me in the normal course of participation in the designated activities incidental thereto, whether the result of negligence or any other cause.

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Name of Participant: _____

Participant Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Please list any physical limitations (allergies, hearing, vision, etc.)

Participant Signature: _____

The Polish Falcons of America reserves all rights to photographs and videos taken during this event which will be used solely to promote the mission of the PFA including our printed publications and our website. Participants agree to allow the PFA to use photographs and videos in which they appear.

I have read and understand the above:

Participant Signature: _____



YOUTH WAIVER AND CONSENT FORM

I, the parent or guardian of this athlete, hereby agree to allow him/her to participate in the activity designated below.

I understand that there are certain risks of injury inherent in the practice and play of this activity, as well as in traveling and other related activities incidental to his/her participation, and I am willing to assume these risks for my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I hereby certify that my child does not have a concussion and has not been in the care of a health professional for a concussion in the past year. _____ YES _____ NO

If no is checked, please include a copy of your child's release from a health care professional to participate in physical activities such as this event.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Polish Falcons of America, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated activities incidental thereto, whether the result of negligence or any other cause.

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Name of Participant: _____

Participant Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Age: _____

Please list any physical limitations (allergies, hearing, vision, etc.)

Parent Signature: _____

Parent Email Address: _____

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I have read and understand the above:

Participant Signature: _____

