

## **Liability Waiver**

I, as a parent or guardian, herby give permission for my child to participate in athletic training with KC Softball Development, LLC and acknowledge that she is physically able to participate in all activities.

I hereby authorize the staff to act on my behalf according to their best judgement in any emergency requiring medical attention.

I acknowledge that I will be responsible for costs incurred due to sickness or injury to my child.

I hereby waive any claim I might have against KC Softball Development, LLC.

Athlete's name

**Parent/Guardian Signature** 

Date