



www.MichaelMagroFoundation.com

PARTICIPATION WAIVER

I understand and agree that the participation of myself or son/daughter in any Michael Magro Foundation fundraising event is voluntary.

I hereby authorize a staff member from the Michael Magro Foundation permission for an emergency physician to examine and treat, hospitalize or secure treatment for myself or my child in the event of an emergency.

I further understand and agree that the Michael Magro Foundation is not liable for any injury, damage, or other loss which myself or my son/daughter may cause or incur, or may cause others to incur, while participating in any Michael Magro Foundation fundraising event.

I have insurance coverage for and specifically assume responsibility for all risks, injuries, damages, or other losses that myself or my son/daughter might cause or incur while participating in any Michael Magro Foundation fundraising event.

DATE _____

EVENT _____

PRINT NAME (Athlete) _____

PRINT NAME (Parent/Legal Guardian) _____

SIGNATURE (Parent/Legal Guardian/Athlete) _____

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

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