



Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other member associated with Casper Minds LLC to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Casper Minds LLC and associated supervisor, coach or other members from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation with Casper Minds LLC activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is/ are physically fit and capable of participation in any and all activities

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Signature

Date

Original