

CRJ STUDENT____ACTIVITIES RELEASE AND WAIVER OF LIABILITY

This form covers all activities offered by the	of CRJ for the 2022-2023 school year.
Student's Name:	
Date of Birth:	
Name/Phone of Emergency Contact:	
Do you have any physical limitations that could b problems)? If so, please explain:	be aggravated by exercise (i.e. back, neck, shoulder or knee
It is your responsibility to inform the instructo	or of your limitations before class begins.
would limit my participation in the activities offer I understand the risks associated with the activities safely participate in classes, workshops, or other a High School and its instructors from any claim, do my participation in the programs offered at the scacknowledge that I am fully responsible for any a might occur as a result of my participation.	
Date Signed:/	
If participant is under 18:	
As Parent or Legal Guardian of	, I consent to the above terms and
conditions.	
Parent's Name:	Signature:
Date Signed:/	