

2. Athlete & parent understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. You agree to assume all risks, inherent or otherwise, that may occur due to participating in the WAYS program.

3. Athlete and parent further covenants not to sue and agrees to release, waive, and discharge the WSCA, and their respective directors, officers, agents or volunteers from any and all claims while they participate in the WAYS program.

4. MEDICAL Attention: Athlete/legal guardian gives his/her consent to WSCA, host organization of any event, and/or volunteers, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in WAYS events.

6. Athlete/legal guardian grants to the WSCA, WAYS program, permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete's name, photograph, likeness and statements in connection with the promotion of the WAYS program.

7. Athlete/legal guardian signature below indicates that you have read and fully understands this entire Consent & Waiver, and that it shall be binding.

Parent/Legal Guardian

8. As the parent or legal guardian of the Athlete, a minor child, I affirm that I have the authority to act on behalf of the Athlete and , as such, do hereby give my consent for the Athlete to participate in the WAYS program. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me as they are upon the Athlete.

Parent/Guardian Name _____

Address (if different from Athlete) _____

City _____ Wisconsin Zip _____

Phone _____ E-mail _____

Parent or Legal Guardian's Signature Date _____

Athlete's Signature Date _____

*Note to Coaches: A completed copy of the Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. You MUST retain a copy of the consent form and **mail the original with signatures** to:

WSCA, Attn: Diane Redmann, W5810 J&H Road, Shiocton, WI 54170.

Please verify all information before sending forms. If questions, please call Diane at 715-758-8134 or e-mail at:

jhclub@ezwebtech.com