



Individual Registration/Medical Release Form

Each participant must submit this completed form

Participant's name _____ Male / Female (circle one) Age: _____

Parent or legal guardian _____

Address _____

e-mail _____

Phone number: _____

Physician _____ Phone number _____

Insurance agency and policy number _____

Known allergies _____

Medication _____

Special needs _____

I, _____ (parent/legal guardian), hereby acknowledge that NLT is not responsible for any injury my child may incur during her/his time spent at NLT. I further release from any liability NLT and its Staff and/or Leadership in the event of any accident and authorize NLT Staff and/or Leadership to provide medical assistance. I authorize NLT to seek appropriate medical attention if needed.

In light of the current medical pandemic Covid-19 I understand that my child and/or myself may be inadvertently exposed to Covid-19 and agree to hold harmless, indemnify, and defend Next Level Training, its officers, staff, agents, employees, and volunteers, for and from any and all liability, claims, losses, injuries, illness, or death to me or my child during the time of my child's participation in this program.

Signature

Date