



LIABILITY WAIVER FORM

CYS Youth Sports & Fitness

Fitness Classes/Summer Camps/Homeschool P.E.

In consideration for Fort Bliss Youth Sports & Fitness Programs, I agree for myself, my heirs, assigns, executors, administrators, personal representatives, and derivative claimants, that my participation in the Fitness program be undertaken at **my own risk**, and that MWR Programs, CYS, Fort Bliss, the Department of the Army, the government of the United States, and its officers, children, and employees, whether acting officially or otherwise shall NOT be liable for any claims, demands, injuries, damages, actions or cause of action which arise wholly or partially, arising out of or in connection with my participation in CYS Youth Sports & Fitness Programs to include any sports & fitness equipment, vehicle, or equipment provided by CYS and/or Fort Bliss, TX Installation. **Initial:** _____✓

I understand that there are **risks** and **dangers** in all CYS Youth Sports & Fitness Programs, including, but not limited to: strained joints/muscle, small cuts and bruises and other injuries while participating in Fitness Classes (Cardio, free weights, speed/agility, TRX, cardio boxing, cross training) and Summer Fitness Camps I am aware that the use of equipment relating to these activities can be **hazardous, involving inherent** and other **risks** of personal injury, property damage, and death. I understand and agree that by signing this release I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me or my child while participating in CYS Sports & Fitness Programs and Summer Sports/Fitness Camps. **Initial:** _____✓

I understand that disruptive behavior will not be tolerated during **ANY TIME** during Sports and Fitness Classes or Camps and if behavior continues after the first warning, parent/guardian will be notified of youth being removed from the class/camp and NO refund will be given, NO EXCEPTIONS! **Initial:** _____✓

I understand and agree that by signing this release, I am to release, indemnify, and hold harmless The Fort Bliss CYS Youth Sports & Fitness Programs, CYS, MWR Programs, Fort Bliss, the Department of the Army, the government of the United States, and its officers, children, and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in Fort Bliss CYS Youth Sports & Fitness Programs/Summer Sports/Fitness Camps. **Initial:** _____✓

I agree to allow The Fort Bliss CYS Youth Sports & Fitness Programs to utilize any photograph/video taken from my child's participation in any of the CYS Youth Sports & Fitness Programs. (Circle one) **Yes or No Initial:** _____✓

✓ **Parent/Guardian Name (Print):** _____ **Date:** ____/____/____ ✓

✓ **Child Full Name (Print):** _____ **Age:** _____ ✓

✓ **Signature:** _____ **Date:** ____/____/____ ✓

Privacy Act Statement

The information requested above is solicited under the authority of 10 U.S.C. 3012 and will be used to ensure correct identification, to verify participation, and to determine responsibility in the event of accident, loss, injury, or death. It may be routinely provided to other Government agencies as necessary to resolve claims for or against the United States and to private insurance companies if necessary for these purposes. Disclosure of the information requested is voluntary; failure to provide this information will result in denial of the request to participate in The Fort Bliss CYS Youth & Fitness programs. **Initial:** _____✓



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Medical History Release Form

The following information has been requested by the staff of CYS Youth Sports & Fitness Programs, Fort Bliss, TX in order to assist you in a safe and timely manner in the event that a medical emergency should occur and to express the seriousness of participating in The Fort Bliss CYS Youth Sports & Fitness Programs. All requested information is vital and should be answered honestly. **Initial:** _____ ✓

✓ **General Information:**

Child Name: _____ M or F (circle one)

Age: _____, DOB: _____

Home Address: _____

Home Phone: () _____ Work Phone:() _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

✓ **Medical Information:**

Allergies (including food, bites, stings, and medicines): Yes or No

Allergy	Reaction	Medication Required
_____	_____	_____
_____	_____	_____

Currently taking any medication (including over-the-counter or sports supplements) **Yes or No** ✓

✓ (If yes, list below)

Medication	Condition	Dosage Side Effects
_____	_____	_____
_____	_____	_____

✓ **Health Profile:**

- Yes of No 1. History of seizures?
- Yes of No 2. Neck/back/shoulder/elbow/wrist/knee/ankle problems?
- Yes of No 3. History of heart problems?
- Yes of No 4. Diabetic or Asthmatic?
- Yes of No 5. Other medical issues that should be noted?

✓ **Signature Required:**

In signing this form, you are stating that you understand that Youth under 12 years old a parent/guardian will give medical treatment as necessary. Youth over 12 years old are able to self-administer with proper documentation on file at CYS Parent Central. Any information disclosed within this form or with MWR/Fort Bliss CYS Youth Sports & Fitness Staff will remain confidential. Failure to disclose medical information could result in serious harm to you/your child and other participants. **Initial:** _____ ✓

✓ **Print Parent/Guardian Name:** _____ **Date:** ____/____/____ ✓

✓ **Parent Signature:** _____ **Date:** ____/____/____ ✓