



KENSTON COMMUNITY EDUCATION

EXPERIENCE
ENGAGE
EXPLORE
EXCITE
EMBRACE
EXPAND
EDUCATE
ENERGIZE
ENJOY

IT'S HAPPENING HERE!

LIABILITY WAIVER

Participants Name: _____

Participants DOB: _____

League: Church Softball Dates of league play: June 5 - Aug 8 2021

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

By my signature I attest that I am physically fit and able to participate in the Kenston Community Ed sports programs, I have full knowledge of all risks involved. In consideration of acceptance of this registration and waiver, I waive all rights and claims we may have against, Kenston Community Education, owners, staff, volunteers and individuals associated with Kenston Local schools and Kenston Community Education, I will hold harmless for any and all injuries incurred.

signature: _____ Date: _____