

# Authorization and Waiver

## Rhythm Dribble/LBGC's Homework Club

I hereby authorize Rhythm Dribble, Inc. to act on my behalf in an emergency requiring medical attention or any other humane action. I hereby waive and release Rhythm Dribble, Inc. from all liability for any injuries or illnesses incurred.

I understand that participation in **Rhythm Dribble/LBGC's Homework Club** and all other activities inside and outside the **Rhythm Dribble/LBGC's Homework Club** involves physical activity and as such carries with it the risk of injury. Should an injury occur, any and all medical expenses incurred are the sole responsibility of the participant or participant's family, this includes all activities inside and outside this facility.

Student Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_