



630-485-1512 • coach@3stepkicking.com

## 3-Step Kicking Waiver

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Participant Phone \_\_\_\_\_  
Participant City \_\_\_\_\_ State \_\_\_\_\_

**MEDICAL CONDITION.** Please list any medical problems/injuries that we should be aware of:

### EMERGENCY CONTACT

Emergency Contact Name \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

### RELEASE OF LIABILITY

I am aware that \_\_\_\_\_ (participant) will be an active participant in 3-Step Kicking training sessions provided by Coach Danny Muzzalupo and his staff. I hereby waive from any and all liability, including but not limited to, injury or accident resulting from participation, THE FOLLOWING: 3-Step Kicking, Danny Muzzalupo, his staff, sponsors, coaches, or any team members participating in any and all future training sessions.

I am also aware that \_\_\_\_\_ (participant) needs to be covered by our own family insurance and that I must reference any medical problems or injuries on this waiver.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (if participant is under 18) \_\_\_\_\_  
Parent/Guardian Cell Phone \_\_\_\_\_