

Baton Registration Form

Parent name: _____

Participant name: _____

Address: _____

Phone #: _____

Participant's age: _____

Years of baton experience (**not** counting this one) _____

I understand that injury may occur. I, the parent/guardian of _____, assume the risk, and release Tammy Marshall and the City of Neligh from any responsibility or liability to me, my heirs, or assigns. In consideration for allowing my child to participate, I waive all claims for personal injury which may occur.

Parent/guardian signature: _____