



# ***Baxter Sports Complex***

## ***Participation Parental Waiver***

Tournament / League: \_\_\_\_\_

Team Name: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

By signing below, I give permission for my son/daughter to participate in the program or league listed above at Baxter Sports Complex. I voluntarily waive and release all employees, board members, volunteers and anyone else involved in the program from any claim or liability in the event of injury. I give permission to the Baxter Sports Complex to use photos or videos of my child for publicity or educational purposes. I confirm that I am 18 years of age or older. The player I will register is in good physical condition and is capable of undertaking a strenuous recreational program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Wesley Holtkamp*

*Facility Director*

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