**Top Of Texas DRILL MEET**

**STATEMENT OF WAIVER**

**FOR**

**PHYSICAL FITNESS COMPETITION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Parent/Guardian), do hereby waive and release any and all claims against the United States Army, SH Rider High School and Wichita Falls ISD, the members of its JROTC Department, and any employees and sponsors who are conducting the competition for any injury to the undersigned competitor during the Top of Texas Drill Meet.

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Signature of Competitor Date Signature of Parent

 or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Competitor Name of JROTC Instructor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/JROTC Unit Instructor’s Signature

Home Address of Competitor

Emergency Telephone Number

Additional Emergency Medical Information (Optional)