

## Northern Michigan University Weightlifting Club

ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE:	
I (print name here),	
Signature:	
Address:	
Emergency Contact:	
IF UNDER 18 YEARS OF AGE, PARENTAL/GUARDIAN SIGNATURE REQUIRED  By signing this Acknowledgment of Risk and Release as Parent/Guardian, I am consenting to the individual's participation in the Northern Michigan University Weightlifting Club and acknowledge that the above named person is physically and mentally fit. I understand that any and all risk whether known or unknown is expressly assumed by me	
and all claims, whether known or unknown, are expressly we	vived in advance.
Signature of Parent/Guardian(If competitor is under 18	/
Witness (If competitor is under 18	years old)