

CRONIN ATHLETICS
ATHLETIC DEVELOPMENT PROGRAM SERVICE
AGREEMENT AND RELEASE OF LIABILITY

Athlete: _____ DOB: _____ Parent: _____

Phone Number: _____ Email: _____

Release: I give permission for my child to attend Cronin Athletics strength & conditioning, and/or athletic development classes, and take part in all instructional activities offered by Cronin Training. I assume responsibility for any medical conditions my child has, and I assume responsibility for any medical treatment my child may require as a result of any injury during camp. I agree to release Cronin Athletics, and its employees from any liabilities, damages, or claims of injury or accidents arising out of my child attending classes, camps, or other developmental activities.

Parent Signature: _____ Date: _____
