



**ACCEPTANCE OF LIABILITY BY A TEAM CAPTAIN
REPRESENTING AN ATHLETE NOT IN TEAM
CAPTAIN'S PROGRAM/CLUB**

I agree that I am responsible for the imparting of information regarding training and competition for the athlete named below:

NAME OF ATHLETE: _____

DATE(S) OF COMPETITION: _____

I HAVE READ THIS ACCEPTANCE OF LIABILITY CAREFULLY, AND HAVING DONE SO, I AM SIGNING IT VOLUNTARILY.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

August 2025

Season 2026