Infinite Bounds Guest Waiver

(This waiver is good for 1 year)

Guest:	Date:
I, guardian of the participant (guest name)	for any personal injury the participant arising out of ergency, I authorize the agents of Infinite Bounds to use
Parent/Guardian Signature	Emergency Contact Cell Phone
(Email A	ddress)
Infinite Bounds (This waiver is go	
Guest:	Date:
I, guardian of the participant (guest name) Bounds and its agents or Representatives of liability to participation at this event. In the event of a medical emetheir discretion in securing proper treatment for this pa	ergency, I authorize the agents of Infinite Bounds to use
Parent/Guardian Signature	Emergency Contact Cell Phone
,	

(Email Address)