



Enable Sports and Fitness  
P.O Box 2474  
Cinnaminson, NJ 08077

Activity Release

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
\_\_\_\_\_ who is participating in an Enable Sports  
and Fitness athletics, hereby release Enable Sports and Fitness, its Coaches/Trainers  
from any liability due to illness or injury that might arise by participating in Enable Sports  
and Fitness activities.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
Date

Please indicate below necessary medical information.

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