## ONLY USE THIS IF THE PLAYER HAS ALL OF THEIR OWN EQUIPMENT!

Player Name:	
Player to participate in all Grand Rapids Griffins Yo	ver) identified above. I grant permission for my (our) uth Foundation (GYF) programming. The Player owns ay use it in all GYF programming. I (we) have conducted satisfactory.
I (we) choose <b>not</b> to have the Player's Equipment e	valuated by GYF staff for fit and safety.
•	cident or harm to the Player arising from any and all use of the Equipment in any and all GYF programming.
•	OP Fox and all of its related entities, the City of Grand, officers, employees and volunteers from any and all suse of Equipment.
Parent/Guardian:	Date:
Parent/Guardian:	Date: