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Liability Release Form

(Please print in this section)

School: _____ Coach: _____

Lifter's First & Last Name: _____

We, the undersigned, agree not to hold the Oklahoma Football Coaches Association and / or Sharon-Mutual Public Schools and Officials liable in the event of an accident. We further agree to abide by all rules and regulations established by the OFBCA

Signature of Lifter: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Coach: _____ Date: _____

Each lifter is required to have this form completed, signed, and turned in at weigh-in in order to compete.