



WAIVER

Parent's Name: _____ Phone Number _____

Parent's Name: _____ Phone Number _____

Address: _____ City _____ Zip _____

Email: _____

Health Insurance Company: _____ ID Number: _____

Additional Emergency Contact _____ Phone Number: _____

How did you hear about us: _____

Child's Name:

Child's Name:

Child's Name:

Sex: __ DOB: __ / __ / __

Sex: __ DOB: __ / __ / __

Sex: __ DOB: __ / __ / __

Medical Notes: _____

Medical Notes: _____

Medical Notes: _____

Please notify us of any developmental, hyperactive, or behavioral issues

ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO RELEASE & MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur during sports or activities involving heights or motion, those activities including, but not limited to, gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. I am aware that there may be some risk associated with participating in recreational activities and should not be construed as an exclusive list of risks of participation such as changing wind; collision with any of the following: other participants, equipment, and man-made/placed obstacles and/or extreme wind, weather, and temperature; loss of sense of balance and/or physical coordination/ ability to operate equipment; inability to follow directions; collisions, capsizing; the presents of insects, fish and/or animals; illness, including sunburn, sunstroke and/or dehydration; and fatigue, chills and/or dizziness which may diminish reaction time and increase the risk of injury. I am cautioned strongly not to participate in any activities while under the influence of drugs and/or alcohol. If I do not know if I'm physically capable of participating in an activity, I am advised to consult with a physician prior to participating in an activity. Being fully aware of these danger, I hereby give my consent for my child(ren) to participate in any and all Challenge Athletics LLC programs and activities. I ACCEPT ALL RISKS associated with this participation. In consideration for my child(ren) and/or my participation, I hereby for myself, my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FORVER RELEASE Challenge Athletics LLC, it's officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that photos/ videos are taken. I hereby grant my permission for my child's likeness to be used. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Challenge Athletics LLC and its representatives harmless in this execution. I hereby agree to individually provided for all medical expenses which may be incurred by myself for my child(ren) as a result of any injury sustained while participating at or for Challenge Athletics LLC.

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO RELEASE & MEDICAL AUTHORIZATION AND I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian's Signature: _____ Date: _____