

Peak Athletics General Waiver

PARTICIPANT(S) INFORMATION:

First Name	Last Name	Date of Birth	Age	M/F

PARENT INFORMATION:

Parent Name

Parent Phone

Primary Email

Emergency Contact

Phone Number

LIABILITY:

The staff of Peak Athletics recognizes the obligation to make our students and their parents aware of the inherent risks and hazards associated with gymnastics, tumbling, cheerleading and dance. Participants may suffer injuries, possible minor or serious in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instruction. Peak Athletics will only warn the participants through "safety messages" and by teaching style progressions. I am fully aware of and appreciate the risks, including the risk of injury, paralysis and even death as well as other damages and losses associated with participation in cheerleading, dance, gymnastics, tumbling activities and events.

I understand that I/my child will not be covered by Peak Athletics' insurance. With the above in mind, I consent to participate/have my child participate in the programs offered by Peak Athletics. Those legally responsible for (name of participant(s)) realize the risk of injury involved and hereby agree to assume the responsibility of said student(s) and further agree to save and hold harmless Peak Athletics, its employees, and all others concerned, and to indemnify them against loss to the extent permitted by law. I have read and agree to the terms of registration, participation and liability release.

Signature of Parent/Guardian

Date

