



www.elitesportz.com

Parental Consent/Liability Waiver

RELEASE IN FULL

STATE OF TEXAS COUNTY OF TARRANT

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby grant permission for myself/my child to attend the Elite Vaulters Sports Complex at 2720 Harmon Rd. I do hereby waive and release ANY and ALL Rights and Claims for damages due to injury and death that may be suffered before, during and after the camp, practice or meet event. I (the undersigned) AGREE to indemnify, hold harmless, and defend all liability charges or accusations against the Elite Vaulters Sports Complex, Glen Dickson, George Rodriguez, and any Coaches, Sponsors, or Agents connected to the Elite Vaulters Sports Complex pole vaulting camps, practices or meets. I FULLY UNDERSTAND the act of pole vaulting is potentially dangerous by its nature and that possible injury could occur during the course of instruction. Warning: Sports by their very nature pose the continuous threat of injury which NO TYPE of EQUIPMENT can ensure against or prevent. ANY PERSON NOT WILLING to ASSUME and BE RESPONSIBLE FOR THE CONSEQUENCES OF INJURY SHOULD NOT PARTICIPATE. The wearing of EQUIPMENT such as helmets, pads, or other such devices, MAY HELP TO REDUCE THE RISK OF INJURY, BUT WILL NOT PREVENT IT. I verify that myself/my child has had a physical examination in the last twelve (12) months prior to the participation at the Elite Vaulters Sports Complex and has been certified by a certified physician to be eligible to participate in the pole vaulting practices, camps, meets and any related training activity. Should a MEDICAL EMERGENCY arise and I (the parent or legal guardian) CANNOT BE REACHED (after every reasonable attempt is made to contact me, I hereby authorize any certified physician, nurse or trainer selected by the Elite Vaulters Sports Complex personnel to order and conduct any medical or surgical procedures necessary for the welfare and betterment of myself/my child. By my signature, I ATTEST TO UNDERSTAND this WAIVER in its ENTIRETY and hereby declares this for my heirs, my executors, and myself. In addition, I grant Elite Vaulters Sports Complex the right to use any videos or photographs of myself/my child in training related activities for the purpose of advertising or coaching/educational productions.

\_\_\_\_\_ X \_\_\_\_\_  
Date signature of Father (or legal Guardian)

\_\_\_\_\_ X \_\_\_\_\_  
Date signature of Mother (or legal Guardian)

\_\_\_\_\_  
Policy or Group # Family Health & Accident Insurance Co.

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Evening Emergency Phone Numbers Other Phone Numbers

E-Mail \_\_\_\_\_