



Special Event Waiver

At GEIST SPORTS ACADEMY, we are dedicated to providing your child with a fun, safe and memorable experience. However, on occasion, accidents may happen, therefore we require your prior consent for your child's participation in activities at Geist Sports Academy.

PLEASE READ CAREFULLY THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION. COMPLETE AND SIGN THIS FORM. YOU MUST HAVE THIS FORM SIGNED TO PARTICIPATE. (Additional forms are always available.)

Parent/Legal Guardian: _____ Relationship: _____

Child's Name: _____ Child's Birthdate (m/d/y): _____

Home Address: _____ City: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone Number: (Home) _____ (Cell) _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all GEIST SPORTS ACADEMY programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I, on own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant NOT TO SUE and FOREVER RELEASE GEIST SPORTS ACADEMY, IT'S OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES OR AGENTS.

IN THE EVENT OF AN EMERGENCY, I would like my above mentioned child to be taken to the hospital for medical treatment and I HOLD GEIST SPORTS ACADEMY, AND IT'S REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for GEIST SPORTS ACADEMY.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY SIGN MY NAME IN AGREEMENT.

Legal Guardian

Date