

# SKYWALKERS

_____	_____	_____	_____	_____
CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S DATE OF BIRTH	AGE	M/F
_____	_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE
_____	_____	_____	_____	_____
FATHER'S LAST NAME	FATHER'S FIRST NAME	FATHER'S CELL PHONE		
_____	_____	_____		
MOTHER'S LAST NAME	MOTHER'S FIRST NAME	MOTHER'S CELL PHONE		
_____	_____	_____		
EMERGENCY CONTACT	EMERGENCY PHONE NUMBER	EMAIL ADDRESS YOU WISH TO USE		
_____	_____	_____		

## Assumption of Risk – Waiver of Liability – Medical Authorization – 30 Day **Written** Notice Requirement

Please read carefully, sign and return to *Skywalkers* immediately. Participation is not permitted without first submitting a completed form for each child to *Skywalkers*.

As legal guardian of \_\_\_\_\_, hereafter, child(ren), I recognize what potentially severe injuries; including 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(s) participating in any and all *Skywalkers* programs and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** *Skywalkers*, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision or control of *Skywalkers*, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold *Skywalkers* and its 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 *Skywalkers*.

**PHOTO RELEASE**—*Skywalkers* reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for *Skywalkers* use and may be used in publications, flyers, brochures, videos, websites, Facebook, and other advertisements. I grant permission to *Skywalkers* to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above mentioned ways.

### PLEASE READ CAREFULLY

I understand I must give a **written notice 30 days prior to the 1<sup>st</sup> day of my last month.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian