

POWERHOUSE MEDICAL RELEASE FORM

OPEN GYM, PARENT'S NIGHT OUT, BIRTHDAY PARTIES

Child's Name: _____ **D.O.B.:** _____ **AGE** _____

Street Address: _____ **City, State, Zip:** _____

Parent's Name: _____ **Parent's Cell:** _____

Emergency Name: _____ **Emergency Number:** _____

Medical Release and Policy Acknowledgment

I, _____ the parent or legal guardian of the above named child hereafter referred to as "student", do hereby permit the "student" to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Powerhouse Cheer & Fitness, hereafter referred to as "PCF". By granting permission for "student" to participate in programs at "PCF", I assume full responsibility for "student's" personal safety and release "PCF", its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason of "student's" participation in any activity at "PCF" or in which "PCF" is participating elsewhere. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death. In case of emergency, I authorize "PCF" staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

I have read and understand the above and agree to abide by these policies.

I have read, understand and execute this release form and policy acknowledgment.

Parent Signature: _____ **Date:** _____

***I understand that I must obey and respect all the rules and coaches at Powerhouse Cheer & Fitness. Failure to do so will result I being pulled from participating or parents being called to pick me up early.**

Students Signature: _____ **Date:** _____