



SINGLE EVENT REGISTRATION WAIVER FORM

Student's Name: _____ M/F Age _____ D.O.B. _____

Student's Name: _____ M/F Age _____ D.O.B. _____

Student's Name: _____ M/F Age _____ D.O.B. _____

Billing Address: _____ City: _____

Zip Code: _____ Phone: _____ School: _____

Email Address: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Medical Information: Physical / Psychological Limitations / Allergies _____

Medical Release and Dynamic Extreme Athletics, LLC Policy Acknowledgment

Medical Release

I, the parent or legal guardian of the above named student(s) 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 Dynamic Extreme Athletics, LLC. hereafter referred to as "DEA". By granting permission for student to participate in programs at DEA, I assume full responsibility for student's personal safety and release DEA, 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 DEA or in which DEA 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. I declare the student has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading, and tumbling.

_____ **Initial**

I give DEA permission to use any picture or video of the student taken at DEA on their website or marketing material. DEA reserves the right to change/alter/modify this form where deems fit.

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

Print Name: _____

Signature: _____ **Date:** _____