

SPIRIT ZONE L.L.C. ~ Liability & Release Form

Each participant must have this form completed, signed and presented at check-in. This form may be duplicated.

Clinic/Camp/Practice Name \_\_\_\_\_ Amount paid \_\_\_\_\_

Participant's name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

In Case of Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned parent or guardian understands that in any activity, such as cheerleading, tumbling, there is an inherent risk, in which minor, serious, catastrophic injuries or death may occur. I acknowledge and understand the risks involved for the participant in this event and assume those risks. I further agree to hold harmless Spirit Zone and its affiliates, coaches, students and all associated officers for any injury or sickness sustained as a result of my daughter/son participation in this event. The Spirit Zone Training Center provides the maximum in safety procedures and therefore will not assume responsibility for any accidents, injuries or sickness that may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information

Hospital of choice \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I, \_\_\_\_\_ the parent/ Guardian of the student or team athlete, hereby give permission to the medical personnel selected by Spirit Zone, it's directors,