



Airborne Training Center Release Form

Athlete Name: _____

Age: _____ DOB: ___ / ___ / ___

Athlete's Contact Information

Telephone Number: _____ School Name: _____

Email Address: _____

Medical Information

Medical conditions we should know about: (Include asthma, allergies & recent injuries)

*Insurance Company: _____ Policy Number: _____

**All athletes must be covered by personal medical insurance, please inform us if you do not have coverage.*

Emergency Contact

Name: _____

Relationship: _____ Phone Number: _____

Waiver of Liabilities

I/we the parents of _____ do hereby permit the named student to participate in tumbling, cheerleading or other physical activities while attending Airborne Training Center. By granting permission for said student to participate in programs at Airborne Training Center, I/we assume full responsibility for said student's personal safety and release Airborne Training Center, its supervision and employees, whether paid or volunteer, from any and all liabilities that may arise due to participation in any activity at Airborne Training Center or in which Airborne Training Center is participating elsewhere. **Initial** _____

I/we understand that 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. **Initial** _____

I/we declare that this student has been seen by a registered physician within the past year and has been cleared to participate in physical activity including tumbling and cheerleading. **Initial** _____

I/we authorize Airborne Training Center to take, record, use broadcast or publish photographs, videotape or audiotape of the Participant in any media and for any lawful purpose whatsoever, including promotional or publicity of any event activity directed by the Airborne Training Center. I waive any right the Participant or I may have to approve or disapprove the finished product and/or use of such materials and to receive any royalties, profits or proceeds from such materials or finished product. **Initial** _____

Signature of Parent/Legal Guardian

Date Signed

LAST NAME

FIRST NAME