

Champion Kids

Medical Authorization /Absolute Liability Release

LAST

FIRST

MI

Child 1 _____/_____/_____

Child 2 _____/_____/_____

Child 3 _____/_____/_____

Date of Birth Child 1 ___/___/___ Child 2 ___/___/___ Child 3 ___/___/___

Street Number _____

City _____ State _____ Zip _____

Home Phone Number (____) _____

Email Address _____

Parent or Legal Guardian Name _____

Emergency Contact _____

Emergency Contact Number (____) _____

How did you hear about us? _____

I give Champion Athletics LLC, D.B.A. Champion Kids LLC my permission to use my child's photos and videos for advertising purposes. I hereby release Champion Athletics LLC and its staff from any claim for injuries or damages to the above named student and from any claim arising from or connected with the negligence of fellow students or staff _____ (initial)

I authorize necessary treatment and admission for any hospitalization designated by Champion Kids LLC their designate.

It is understood that parents or their agents will be called upon to give additional authorization if advanced treatments are necessary.

ABSOLUTE RELEASE OF LIABILITY

I recognize the potential for injury which can occur in gymnastics/tumbling/Cheerleading/Camp type activity. I hereby consent for myself and for the above named student to participate in gymnastics/tumbling - cheerleading activity on equipment used by Champions Athletics LLC, and do hereby, for myself and the above named student, waive and release any and all rights and claims for damages that I or the above named student may have at any time against Champion Athletics LLC any of its agents for any injury or damages in connection with my or my child's association with gymnastics/tumbling - cheerleading and not limited to and or any other activity associated with or sponsored by Champion Kids LLC.

PARENT/ LEGAL GUARDIAN SIGNATURE

DATE