Release Of Liability Form

Athlete Name:_____**Age**_____ **Birthday**_____ **Grade** _____

Athlete Name:_____**Age**_____ **Birthday**_____ **Grade** _____

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Parent/Guardian Name(s) _____

I certify, that the above listed athlete(s) are physically capable and able to fulfill any requirements to participate in any/all activities of the Utah Peak Academy, LLC., further acknowledged as UPA. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any squad/class related activity when either parent cannot be reached. If there is any physical or medical reason why she/he should not participate fully, UPA **REQUIRES** a formal doctor's release. Furthermore, UPA is not liable for any injury incurred during any UPA activity or function.

I understand all costs involved in participating in the monthly programs and that fees are due by the 1st of each month. After the 10th of each month a $20.00 late fee will be accessed. I understand that the returned check fee is $30.00. If a check is returned, the only form of payment accepted is cash or money order. A 2 week written notice of cancellation is required, or payment for the next months fees are due. Fees are due through the month of participation even if the month isn't completed.

I understand that I am responsible for damage to UPA facility, property or equipment that my child or myself may incur. Also, I understand I am financially & physically responsible for any repairs, in a timely manor, that may be needed in the occasion of damage caused by my child.

Any photography/video my child may appear in from a UPA practice, performance, competition, or event are property of UPA and may be used for promotional purposes for UPA.

I understand by the very nature of the activity, cheerleading, dance and gymnastics carry a risk of physical injury. No matter how careful the participant and coach(s) are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocating and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death. I understand these risks and will not hold UPA or any of its personnel responsible in the case of accident or injury at any time.

Parent/Legal Guardian Signature: _____ **Date:**_____

MEDICAL TREATMENT PERMISSION FORM

*If medical conditions exist, separate forms must be filled out for each athlete.

Athlete Name(s):_____

Parent Home phone:_____ Work phone:_____ Cell:_____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email Address:_____

Person to be notified in an emergency if parent or guardian cannot be reached:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy#: _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed? _____

_____

**Please attach a copy of current Insurance Card

Medical Information(circle all that apply/fill in existing conditions not listed)

Heart condition or disease	Asthma	Inhaler	Diabetes
Allergic to insect stings	Convulsions disorder	Epi pen	Allergies to medicine

***If diagnosed with Asthma, 2-inhalers must be present at the gym at all times. One in your child's locker, the other in their file. Also, a written note from his/her medical doctor, must give permission for your child to participate in the UPA program.**

Please list allergies: _____

Date of last tetanus shot: _____

Additional medical information that may be helpful: _____

Current medications: _____

In the event of an emergency occurring while my daughter/son is on a UPA sponsored practice, performance or trip, I grant my permission to UPA and/or its sponsors/employees to give consent for the above named athlete(s) to receive medical treatment.

Parent/Legal Guardian Signature: _____ **Date:**_____