



Texas Wolverine All-Stars



2022-2023 Release of Liability

Athlete Name: _____ D.O.B.: _____ Age as of Aug. 31st: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____ City/State: _____ Zip Code: _____

Mother Cell: _____ Mother Email: _____

Father Cell: _____ Father Email: _____

Athlete Cell: _____ Athlete Email: _____

MEDIA RELEASE

I hereby give my consent to all photographs, audio recording and/or video recordings taken of my child or myself by the Texas Wolverine All-Stars staff or their designee. I understand that any such photographs, audio recordings, and/or video recording become the property of the Texas Wolverine All-Stars and may be used by the gym or others with their consent for educational, instructional or promotional purposes determined by the administration in broadcast and media formats now existing or created in the future.

INITIALS

MEDICAL INFORMATION

I am aware as the parent of the above participant, that I will be responsible for providing proper insurance information to the Texas Wolverine All-Stars prior to participation in any program.

INITIALS

Insurance Carrier: _____ Policy Number: _____ Group Number: _____

THE FOLLOWING INFORMATION IS TO BE COMPELETED BY THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT:

- Is the athlete allergic to any medication? _____
- Does the participant have any chronic medical conditions? _____
- Is the participant currently taking any medication(s)? _____

EMERGENCY CONTACTS

Emergency Contact Name: _____ Cell Phone #: _____ Relationship to Athlete: _____

Emergency Contact Name: _____ Cell Phone #: _____ Relationship to Athlete: _____

I, _____, the legal guardian of my son/daughter, _____, hereby consent to my son/daughter participating in this facility's program(s). I recognize that potentially severe injuries can occur in any physical activity, including: tumbling, cheerleading, tumble tramp, trampoline, spring/rod floors, stunting, pyramids, dance, martial arts, wrestling, boxing, work out equipment, basketball, volleyball, gymnastics and physical activity in general. I understand that it is the express intent of all staff, coaches and personnel to provide for the safety and protection of my athlete and, in consideration for allowing my athlete to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Signature of Guardian

Date