

**XTREME HEIGHTS LLC
POLE VAULT CLUB**



XTREME HEIGHTS RELEASE FORM

The mission of XTREME HEIGHTS POLE VAULT CLUB is to educate the youth of track and field, to promote the sport track and field and pole vault through out the area. Emphasis is on teaching the fundamentals of pole vault.

EVENT (practice, camp, etc.) _____

PARTICIPANT'S NAME _____

PARTICIPANT'S BIRTH DATE _____

PARENT/GUARDIAN: _____

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

CELL: _____ E-Mail: _____

PARENTS CONCERN AND RELEASE

As legal guardian of the child registered on this form, I hereby consent for him/her to participate in the above mentioned special event/ pole vault practice conducted by the XTREME HEIGHTS, LLC.

I recognize that any activity involving height or motion can create the possibility of injury. I hereby forever release the XTREME HEIGHTS LLC., its officers, directors and employees from all liability for any and all damages and injuries suffered or contracted with this special program.

Does your child have any limitations or disabilities that the XTREME HEIGHTS LLC. Staff should be aware of

Yes ___ No ___ Please explain _____

Legal Guardian Print Name: _____

Legal Guardian: Sign Name: _____

Date: _____

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