2225 Highland Village Rd.
Highland Village TX 75077
972-874-8500

**This page must be completed prior to participation.**

**Event: _____**

## Emergency Medical Release

**Participant Name** _____ M/F ____ **DOB** _____

Participant Name _____ M/F ____ DOB _____

Participant Name _____ M/F ____ DOB _____

**Address** _____ **Home Phone** ( _____) _____

**City** _____ **Zip** _____ **Cell** (_____) _____

**Email address** _____

**Parent/Guardian** _____

**Emergency Contact and Phone** _____

## Health Information

Doctor _____ Phone (_____) _____

Insurance Company _____ Policy # _____

**Are there any medical conditions we need to be aware of for (participant** name) _____

List Conditions:_____

**Allergies to medications (participant name**)_____

List of Allergies or medications:_____

As in all athletic activities, there is an inherent risk of injury. I do hereby on behalf of myself and/or my children release and forever discharge Excite! Gymnastics and Cheer, LLC, and all employees and representatives of those listed from any and all claims, demands, and causes of action for injury to persons or property arising at the Excite! Gymnastics and Cheer LLC. I also understand that first aid will be rendered and/or if necessary or instructed to do so, give permission to take myself or my children to such place as may be necessary for proper care. I grant permission to any hospital or clinic staff member to administer immediate treatment if necessary. I further attest and acknowledge that I am/my children are in good health and condition and is physically able to participate in all activities offered through Excite! Gymnastics and Cheer, LLC. Excite! Has my permission to use photos taken of myself/my children during activities at Excite! Or off Location events and use them for publications, brochures and any general public relations efforts.

_____

**Signature Of Participant and/or Parent or Legal Guardian of Participant**