



NON-STUDENT RELEASE FORM

Parent/Guardian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Student 1: _____ Birth Date: _____

Medical/Health Concerns: _____

Student 2: _____ Birth Date: _____

Medical/Health Concerns: _____

Student 3: _____ Birth Date: _____

Medical/Health Concerns: _____

Assumption of Risk

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, diving, parkour, ninja warrior, tricking, fencing, and rockwall. In addition, I recognize that diving or any activity in or around water can result in brain damage or drowning. Being fully aware of these dangers, I hereby give my consent for my child(ren) to participate in any and all programs and activities at Ultimate Kids, and its affiliated entities including but not limited to the Ultimate Climbing Gym, entities including but not limited to the Ultimate Climbing Gym, and I ACCEPT ALL RISKS associated with such participation.

Waiver of Liability

In consideration for me or my child(ren)'s participation, I hereby, for myself and my child(ren) and respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Ultimate Kids and its Entities and their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

Medical Authorization

In the event of an accident or emergency, I hereby authorize my child(ren) to be transported to a hospital for medical treatment, and I hold Ultimate Kids and its Entities and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at Ultimate Kids and its Entities. I have read and understand this (1) ASSUMPTION OF RISK and (2) WAIVER OF LIABILITY and (3) MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent/Guardian Signature: _____ Date: _____