



# K2 ACADEMY: PARTICIPATION CARD

Your Child's Name: \_\_\_\_\_

Sex: M or F      DOB: \_\_\_\_\_      Friends Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all K2 Academy of Kids Sports programs and activities and I ACCEPT ALL RISKS associated with this participation. .IN CONSIDERATION FOR MY OR MY CHILD(REN)'S PARTICIPATION, I HEREBY, FOR MYSELF AND MY CHILD(REN) AND OUR RESPECTIVE HEIRS AND SUCCESSORS, COVENANT NOT TO SUE AND FOREVER RELEASE K2 ACADEMY OF KIDS SPORTS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS FROM ALL LIABILITY RESULTING IN DAMAGES OR INJURIES INCURRED AS A RESULT OF PARTICIPATION INCLUDING THOSE RESULTING FROM ACTS OF NEGLIGENCE. .I understand and acknowledge that it is my responsibility to review and follow the safety guidelines and policies of K2 Academy of Kids Sports. I understand and acknowledge that a statement of K2 Academy of Kids Sports safety guidelines and policies are available from the Front Office or online at [www.k2academy.com](http://www.k2academy.com). As these safety guidelines and policies may be changed from time to time, I further acknowledge my responsibility to review the safety guidelines and policies of K2 Academy of Kids Sports from time to time. .I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation. I hereby grant my permission for my child(ren)'s likeness to be used in K2 Academy of Kids Sports publicity or advertising. .In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold K2 Academy of Kids Sports and its 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 or for K2 Academy of Kids Sports. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and SAFETY GUIDLEINES AND POLICY ACKNOWLEDGEMENT and PHOTORELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_