

Waiver Form

Parental Consent/Statement of Disclaimer

I, undersigned, hereby certify that I am the parent or legal guardian of the athlete. I grant permission for my son/daughter to attend the Buckeye Pole Vault Academy. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in the activities related to the academy. I agree to indemnify, hold harmless, and forever discharge the Buckeye Pole Vault Academy, it's staff, agents, or employees for any and all liabilities, claims, and causes of actions from injury, loss, or property damage caused to my son/daughter while at the academy. I hereby authorize any physician or trainer selected by Buckeye Pole Vault Academy personnel to order and conduct any medical treatment deemed necessary. I will be responsible for any and all costs of medical attention and treatment.

Student's Name

Signature (parent/guardian)

Print Name

Date

USATF Membership Number

<http://www.usatf.org>
