

Wings Elite Pole Vault Club

Waiver of Liability and Release

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document.

In consideration of being permitted to participate in the Wings Pole Vault Club Exhibition, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge the Wings Pole Vault Club, its assistants, volunteers, equipment or property owners from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that participation in this pole vault club is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this activity including responsibility for using reasonable judgment in all phases of participation of the activity and travel to and from the club location. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and able to participate in such activities. I acknowledge that it is the recommendation of the Wings Pole Vault Club that I obtain general medical / health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person at the Wings Pole Vault Club of emergency medical information. I also understand that this waiver of Liability and Release binds my heirs, executors, administrators, as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participants name / Participants Signature

Date Witness _____

Signature of Parent or Guardian if under 18 years of age.

Emergency contact information:

Name _____ Phone _____

My child must wear a helmet

My child does not have to wear a helmet