



565 S. Lakeview Dr. Unit 101, Lake Helen, FL 32744
386-228-0917

(All party participants must fill out a waiver)

Name: _____ Age: _____ Birthday: _____

Name: _____ Age: _____ Birthday: _____

Name: _____ Age: _____ Birthday: _____

Phone: _____ School: _____

Email Address: _____

Please ask about our different programs that VAGD has to offer. There is something for all ages and interests.



I understand that participation in any supervised activities involving motion, rotation, and height in a unique environment and as such carries with it inherent risk of injury. I understand that risks and dangers associated with participation in these events and activities include, but are not limited to, bodily injury, partial and/or total paralysis and even death. I understand that there may be risks not known or not reasonably foreseeable at this time.

I understand that VAGD teaches a normal progression of skills that promote the safety of the students. I also understand that VAGD had established rules for safety I must follow these rules.

I hereby expressly waive any and all claims for any and all damages or loss to person or property, which may be caused by an act, or failure to act by VAGD and Ken Pfeifauf and/or agents. I hereby assume full responsibility for all liabilities that may occur by reason of any injury to said students. The risk involved are fully understood, I hereby so agree to the foregoing by my signature hereon.

Date: _____ Signature: _____