Renegade Athletics

Special Events Release Waiver

LIABILITY RELEASE: I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities like cheerleading, tumble track, trampoline, stunting, pyramids, dance, martial arts, gymnastics and physical activity, in general. I understand that it is the expressed intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes, practices or extra activities.

MEDICAL CONSENT: I authorize Renegade Athletics (Houston Gymnastics Academy) and its representatives to consent to medical treatment for me or my child when I cannot be reached to so consent. I also give Renegade Athletics (Houston Gymnastics Academy) and its representatives consent to administer the necessary emergency care to stabilize and/or treat any current injury or condition that I or my child may have sustained during activities related to Renegade Athletics instruction, practices, or performances. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorization. Renegade Athletics highly recommends that all athletes have their own health insurance coverage to help cover costs of any injury/ illness.
PHOTO/VIDEO RELEASE: I authorize Renegade Athletics (Houston Gymnastics Academy) to use photographs, video, and/or other likenesses of myself or my child(ren) for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

Participant Name	Parent/Legal Guardian	Phone Number	Signature of Parent/Legal Guardian