

PARENT/GUARDIAN WAIVER

Print out and complete this form and send it along with a \$50 deposit to:
Xtreme Heights Pole Vault
9132 Cool Autumn Drive
Mechanicsville, VA 23116

I hereby give written permission for my child _____
to attend the Xtreme Heights Pole Vault Summer Camp. All risk attendant to
participating in the camp, including but not limited to bodily injury are assumed by me,
the child's parent/legal guardian, as indicated by my signature below. In case of an
emergency, I hereby give my permission to the physician named on the
registration/medical release from to undertake appropriate medical steps toward the
welfare of my child.

By my signature below, I certify that I completely understand this document.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____