

# Open Gym Consent and Acknowledgement Waiver Form

My child, \_\_\_\_\_, has my permission to participate in open gyms for cheerleading at Summit Academy High School. I understand that he/she must abide by the rules and regulations set forth for all sports and activities at Summit Academy High School.

\*I understand by the very nature of the activity, cheerleading and stunting carry a risk of physical injury. No matter how careful the participant and coach are, or what landing surface is used, the risk cannot be totally eliminated. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold Summit Academy High School or any of its personnel responsible in the case of accident or injury at any time.

Parent/Guardian Name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_

Parent phone #: \_\_\_\_\_

Date signed: \_\_\_\_\_

I am interested in participating the Summit Academy High School cheerleading open gyms. I understand the risks stated above I promise to cooperate and follow the instructions of the coach and abide by the rules and regulations.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPEN GYM DATES

MARCH 12<sup>TH</sup> AND 14<sup>TH</sup>

3:30-5:30 IN THE SAHS ATRIUM