

Frio Vault Club Release Form

Athlete's Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Age: _____ Height: _____ Weight: _____

Parent's Name: _____

Parent's Email : _____

Parent's Phone: _____ Cell Number: _____

Emergency Contact (If parent listed above cannot be reached)

Name: _____ Relationship: _____

Phone: _____

Family Physician: _____ Emergency Number: _____

Medical Consent and Authorization for Treatment:

I hereby state that my child is in good normal health and has my permission to participate in all training activities. In addition, I hereby grant Jeff Brandes to act for me in securing medical treatment for my child in the event of an injury.

Parental Consent/ Statement of Disclaimer:

I, undersigned, hereby certify that I am the parent of the athlete. I grant permission for my son/ daughter to attend training sessions with Jeff Brandes. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in activities related to the training sessions.

On behalf of myself and my heirs, I agree to indemnify, hold harmless and forever discharge Jeff Brandes, his family, and Frio Vault Club for any and all liabilities, claims, and causes of action whatsoever, including but not limited to personal injury, loss or property damage.

Parent's Signature: _____

Date: _____