

SUPERHUMAN LLC

Colorado Athletic Training School

Contact Information and Informed Consent

Contact Info

Parent/Guardian Name: _____

Student(s) Name(s): _____

Birthdate(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please list any physical or medical conditions that may affect athlete's participation:

INFORMED CONSENT and WAIVER OF LIABILITY

As legal the guardian of my designated student(s), I hereby consent to all student(s) participating in the organization/facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, parkour, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general. I understand that it is the express 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, volunteers, instructors, owners, directors and other members involved in this organization/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 camps, classes, competitions, lessons, or extra activities.

I hereby authorize the Superhuman/CATS Coaching Staff to act for me according to their best judgment, in any emergency requiring medical attention and I hereby waive and release Superhuman/CATS from any and all liability for any injuries or illnesses incurred while at/with Superhuman/CATS. I understand that participation in gymnastics and parkour involves motion, rotation, and height in unique environments and as such carries with it risk of injury, paralysis and even death. Student(s) must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the student(s) or their family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the student(s) participation. Superhuman/CATS is not responsible for personal items that are lost, stolen, or damaged. I understand that Superhuman/CATS retain all right to use any photographs, video-files, or any other record of events for publicity, advertising, for any legitimate purpose, without limitation or compensation. I also understand and accept Superhuman/CATS refund policy.

Signature _____ Date _____