

# Frio Vault Club Release Form - rev 9/6/23

8695 Hillboldt Road. Cat spring, Texas 78933

Athlete's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Best Contact number(s): \_\_\_\_\_

Athlete's Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

------(Additional) Emergency Contact: (Used only if parent can't be reached ) -----

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician emergency number: \_\_\_\_\_

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## 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 Branes, Clayton Fritsch, and Katie Statham to act for me in securing medical treatment for my child in the event of an injury.

## Parental Consent / State of Disclaimer

I, undersigned, hereby certify that I am the parent of the athlete. I grant permission for my son or daughter to attend training sessions with Jeff Brandes, Clayton Fritsch and Katie Statham. I verify that my son or daughter has had a physical examination within the past year and is capable to participate in all activities related to the Frio Vault Club training and vaulting sessions.

On behalf of myself and my heirs, I agree to indemnify, hold harmless and forever discharge Jeff Brandes, Clayton Frisch, Katie Statham, their families 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 damages.

Parent's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_