



## SPRING 2024 OPEN GYM/STUNT CLINIC RELEASE WAIVER

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, release Lakeridge High School and its cheer coaches from any liability that may occur during the Spring 2024 Open Gyms/Stunt Clinics that my son/daughter, \_\_\_\_\_, is participating in. My signature also authorizes the coach to obtain any emergency care that may become necessary during the course of the open gyms and/or stunt clinics.

Signature of Parent/Guardian: \_\_\_\_\_

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