



750 Sartartia Rd.  
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www.VictoryVipers.com

## MOVIE NIGHT WAIVER

### PLEASE PRINT CLEARLY:

I (Parent's Name Printed) \_\_\_\_\_  
am aware that my child will be participating in MOVIE NIGHT at VICTORY SPORTS.

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### AUTHORIZATION AND RELEASE

I AM FULLY AWARE THAT ANY ACTIVITY INVOLVING MOTION AND/OR HEIGHT CAN BE DANGEROUS AND MAY RESULT IN INJURY AND I FURTHER AGREE TO HOLD VICTORY VIPERS INC. AND ITS AGENTS HARMLESS FOR ANY INJURY RESULTING EXPENSE. THERE IS AN INHERENT RISK IN THIS OR ANY OTHER ACTIVITY. I UNDERSTAND THE PHYSICAL ASPECTS OF THIS SPORT AND THE RISK I AM TAKING BY ALLOWING MY CHILD TO PARTICIPATE AT VICTORY SPORTS. I SHALL NOT HOLD VICTORY SPORTS INC, THE VIPERS, ITS OWNERS, OFFICERS, EMPLOYEES, VVPOWER, ITS AGENTS, AND/OR VOLUNTEERS RESPONSIBLE, AT ANY TIME, FOR ANY INJURY TO MY CHILD AS A RESULT OF VICTORY SPORTS OR VIPER ACTIVITIES, EVEN IN THE CASE OF NEGLIGENCE. I RELEASE AND DISCHARGE ALL RIGHTS AND CLAIMS AGAINST VICTORY VIPERS INC. I FURTHERMORE AGREE TO ALL THE POLICIES AND PROCEDURES.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE