



750 Sartartia Rd.
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www.VictoryVipers.com

OPEN GYM WAIVER

PLEASE PRINT CLEARLY:

I (Parent's Name Printed) _____
am aware that my child will be participating in OPEN GYM 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