



Unique Sports Academy

109D Post Office Road • Waldorf, Maryland 20602 • (301) 396-4934 • www.uniquesportsacademy.com

Release Waiver - Form

Last Name: _____ Open Gym/Party Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Party Name: _____

Emergency Contact Information

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Family Doctor: _____ Insurance Company: _____ Policy #: _____

RELEASE: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Unique Sports Academy, their agents or representatives, for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in gymnastics, cheerleading, karate, or other activities sponsored by Unique Sports Academy.

Parent/Legal Guardian Signature: _____ Date: _____

1 st Family Member	2 nd Family Member	3 rd Family Member
Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:	DOB:	DOB:
List any Medical Conditions that we should be aware of:	List any Medical Conditions that we should be aware of:	List any Medical Conditions that we should be aware of: