

**XTREME HEIGHTS LLC  
POLE VAULT CLUB**



**XTREME HEIGHTS RELEASE FORM**

The mission of XTREME HEIGHTS POLE VAULT CLUB is to educate the youth about the sport of track and field, and to promote track and field and pole vault through out the area. The emphasis is on teaching the fundamentals of pole vault.

PARTICIPANT'S NAME \_\_\_\_\_

PARTICIPANT'S BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PARENTS CONCERN AND RELEASE**

As legal guardian of the child registered on this form, I hereby consent for him/her to participate in the above mentioned special event/ Pole Vault practice conducted by XTREME HEIGHTS LLC.. I recognize that any activity involving height or motion can create the possibility of injury. I hereby forever release the XTREME HEIGHTS LLC., its officers, directors and employees from all liability for any and all damages and injuries suffered or contracted with this special program.

Does your child have any limitations or disabilities that the XTREME HEIGHTS LLC. Staff should be aware of

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Legal Guardian Print Name: \_\_\_\_\_

Legal Guardian: Sign Name: \_\_\_\_\_

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

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