

**POLE VAULT UNLIMITED**

**www.polevaultunlimited.com**

3003 Valley Creek Road

Cecil, AR

**(870) 623-3952**

[gordy@polevaultunlimited.com](mailto:gordy@polevaultunlimited.com)

ATHLETE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ATHLETE'S USATF # \_\_\_\_\_ COPY OF CARD:  Yes  No

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

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

**RELEASE OF CLAIMS**

It is my understanding that there are certain risks involved with participating in the pole vault.

In recognition of the possible dangers connected with pole vaulting and any physical activity, I hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as the result of such activity, from which any liability may or could accrue to **Gordon Sasser, Pole Vault Unlimited** and it's officers, agents, employees, or instructors.

This waiver is valid for one year from the date signed, and includes any and all practice and/or training sessions, camps and meets that the above-mentioned athlete may attend.

If athlete is under eighteen (18) years of age, parent or legal guardian must sign.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Printed Name**