



## Liability Waiver

Date \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address/City/St: \_\_\_\_\_

Home Ph.:(\_\_\_\_) \_\_\_\_\_ Work Ph.:(\_\_\_\_) \_\_\_\_\_ Other Ph:(\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies/Physical/Mental limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

- Private Lesson     Trial Class     Floor Rental     Independent workout (18 or over)

### ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

I, the undersigned Parent/Guardian, do hereby give consent for my son/daughter to participate in the training and activities provided by the Las Vegas Elements Training Center, LLC. (LVE). I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. I do hereby grant my permission to LVE to seek immediate treatment for my child should he/she be injured. I hereby release LVE including its officers, shareholders, agents, coaches and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Nevada state law. In the event of any activities that are locally or nationally televised, I give the LVE organization the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose. I understand that LVE has a No Refund Policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date