

**Peak Athletics Plus High School Team Class  
Medical Release Form**

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

This form must be read and signed by the parent/guardian of all participants under the age of 18. Students will not be allowed to register or participate without this completed form.

I understand that by taking part in this or any athletic event, there is a possibility of injury or sickness to my son/daughter; therefore with this knowledge I give my permission for my son/daughter to participate in the team classes held at Peak Athletics Plus. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should he/she become injured or ill. I also agree to hold harmless and indemnify Peak Athletics Plus and their agents, employees and affiliates for any injury incurred as a result of my son/daughter's participation in this class.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Insurance Company (Name and Policy #) \_\_\_\_\_

Any Medicines allergic to: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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