



Polebenders Vault Club, LLC.

Medical Emergencies

I, as the parent or legal guardian of the above named athlete do hereby expressly grant authority to the staff of Polebenders Vault Club, LLC., to render a judgment concerning medical assistance in the event of an accident, injury or illness during my absence and execute this consent and release provision with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may arise from the rendering of such judgments, including, specifically those that may arise out of or be occasioned by, directly or indirectly, any negligent act(s) or omission(s) of Polebenders Vault Club, LLC., its officers, agents, employees or servants involved in the rendering of such judgments. Furthermore, in the case of an emergency I consent and expressly grant the staff of Polebenders Vault Club, LLC., the authority to obtain medical assistance and treatment as they deem necessary. I understand that Polebenders Vault Club, LLC., its officers, agents, employees or servants shall not be responsible for any medical expenses incurred on behalf of the above named athlete, and that I am responsible for all payment of medical expenses so incurred. I give permission and consent for a licensed doctor or physician to administer the necessary aid to my child or legal ward should he/she become injured or sick while in attendance at or while participating in any activity associated with Polebenders Vault Club, LLC., and to do so without having to wait until I (we) are contacted.

I've read the above and agree

Athlete's Name _____

Parent's Signature _____

Photo Release

Polebenders Vault Club, LLC., has my permission to use in their advertising and promotion- photos or video taken of my child(ren) while involved in Polebenders Vault Club, LLC., at lessons, camps, special events, meets or any other function.

I've read the above and agree

Parent's Signature _____