

## **Informed Consent and Release**

*This form must be completed and submitted with payment before you will be allowed to participate.*

I hereby grant permission for myself / child to attend Kiss the Sky Vault Camps (KTSVC). I verify that I / my child has had a physical exam in the past year and is capable to participate in the activities related to pole vaulting. I agree to indemnify, hold harmless, and defend Greg Hull, Todd Lehman, KTSVC, USA Track and Field, Paradise Valley College, Maricopa Community Colleges, their agents, employees and sponsors from any and all liability for injury to myself and or my child, as well as any damage caused by myself and or my child. I understand that track and field, and in particular pole vaulting and many of its related activities and other activities related to KTSVC are potentially dangerous and could pose risk of injury. Should medical attention be necessary, I hereby authorize any physician or trainer selected by club personnel to conduct medical or surgical procedures. In addition, I hereby grant permission for Kiss the Sky to use any photographs or videotape of club related activities for the purpose of advertising or educational materials development.

I HAVE READ AND UNDERSTOOD, AND I AGREE WITH THE INFORMED  
CONSENT AND RELEASE OUTLINED AS IT RELATES TO MY  
SELF/SON/DAUGHTER.

Participant Signature: \_\_\_\_\_

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