

**High Altitude Athletics  
124 Civic Plaza Dr.  
PO BOX 1283  
Taos, NM 87571**

**Release and Waiver of Liability Form:  
Birthday Parties, Parent's Night Out and Other Gym Events**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

M or F

Parent's Name \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_

Address (Street Name and Number, City, State)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Health Concerns/Medications/Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I fully understand that all activities at High Altitude Athletics could result in injury which may be caused by my child's actions or inactions or those of others. I fully accept and assume all risks and responsibility for losses, costs and damages I incur as a result of my child's participation in all activities at High Altitude Athletics including the use of any equipment or inflatables. I hereby release, discharge and hold harmless, and covenant not to sue High Altitude Athletics Inc., its owners and any other entities associated with High Altitude Athletics.

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