



2225 Highland Village Rd.
Highland Village TX 75077
972-874-8500

SENIOR WAIVER

**This page must be completed prior to participation.
By signing this I agree to my Seniors Participation.**

Emergency Medical Release

Participant Name _____ M/F ____ DOB _____

Address _____ Home Phone (_____) _____

City _____ Zip _____ Cell (_____) _____

Email address _____

Parent/Guardian _____

Emergency Contact and Phone _____

Health Information

Doctor _____ Phone (_____) _____

Insurance Company _____ Policy # _____

Are there any medical conditions we need to be aware of for (participant name) _____

List Conditions: _____

Allergies to medications/ (participant name) _____

List of all Allergies medications/food/seasonal: _____

I do hereby on behalf of myself and my child release and forever discharge Excite! Gymnastics and Cheer, LLC, and all employees, representatives, and chaperones from any and all claims, demands, and causes of action for injury to persons or property arising during June 12th through June 15th, 2026. In addition, I further give permission to any employees, representatives or chaperones to drive my child to and from activities during this specified trip, June 12th through June 15th, 2026. If my child, in any way, does not follow the police's set forth, I understand I will be called to come pick up my child.

Any medical assistance will be rendered and/or if necessary or instructed to do so, give permission to take myself or my children to such place as may be necessary for proper care. I grant permission to any hospital or clinic staff member to administer immediate treatment if necessary. I further attest and acknowledge that my child is in good health and condition and is physically able to participate.

Printed Name _____ DATE _____

Signature of Parent or Legal Guardian of Participant

THIS FORM MUST BE COMPLETED AND RETURNED