



PERMISSION SLIP / RELEASE OF LIABILITY

My son/daughter, _____ has my permission to participate in **Elite Skill Development with Price Elite Passing Academy**, to be held on _____

In case of emergency any Price Elite Passing Academy staff members have my permission to obtain medical treatment for my child.

YES NO

My child has the following allergies or other health problems (describe):

Medication: _____

Doctor's Name and Address: _____

I can be reached by phone at: _____ Alt. phone number: _____

Health Insurance Company: _____

Policy Number: _____

I understand the PRICE ELITE PASSING ACADEMY does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

In the event of illness or accident, I authorize the PRICE ELITE PASSING ACADEMY personnel responsible for this activity to approve medical emergency care.

Although I understand that the PRICE ELITE PASSING ACADEMY will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the PRICE ELITE PASSING ACADEMY, its employees, agents, or volunteer from any liability associated with this activity.

Signature of Parent or Guardian

Date