



EXCEED PARENT CONSENT AND RELEASE FORM

I, the undersigned _____, am the parent or legal guardian of the athlete (child name) _____, who was born on ____/____/____ and resides _____.

For any situation, I assure that I will be available for the phone call at _____

As a parent or legal guardian. I affirm that I have been completely informed all the sport activities that the athlete/child will participate. I understand the general structure of the sport activities/programs and do not need to be informed of each activity.

My child is currently have/had the following conditions/diseases:

- ☐ Measles
- ☐ Mumps
- ☐ Asthma
- ☐ Sinusitis
- ☐ Diabetic
- ☐ Heart Issues
- ☐ Allergic/Allergies

Symptoms: _____

I hereby voluntary release, forever discharge the community, the corporation, its officers, directors, employees, volunteers and agents from all claims and demands.

Name and Signature

Date: _____

If you have any questions, please don't hesitate to contact us at infoexceedprep@gmail.com or at 7809388935.