



Keystone Extreme All Stars, Inc

1505 E. Lackawanna Ave/ Olyphant, PA 18447

KEAScheer@yahoo.com

## RELEASE AND WAIVER

Participant's Name:	Parent's Name:
Address	School/Program:
	Home Phone:
City:	Parent's Phone:
State:                      Zip:	Email:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in any and all programs of the KEYSTONE EXTREME ALL STARS (KEAS). The program including but not limited to all aspects of cheerleading, tumbling, and/or trampoline I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I acknowledge and agree, in my own behalf and on the behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of the Minor, acknowledge that the Minor is assuming risk of such illness or injury by participating. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in activities at KEYSTONE EXTREME ALL STARS, INC.. I acknowledge and agree, in my own behalf and on the behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of the Minor, acknowledge that the Minor is assuming risk of such illness or injury by participating. In the event of such illness or injury, I authorize the KEAS staff to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on the behalf of the Minor, release and hold harmless, the KEAS and the respective directors, officers, representatives, members, agents and employees of KEAS, any and all hosting sites for events or activities and their respective affiliates (hereinafter collectively, "Releases") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain in respect in any and all activities related to cheerleading training, tumbling, dancing, building, practice, etc.

I, in my own behalf and on the behalf of the Minor, further agree to release and to hold harmless Releases from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during all events, all activities associated with such events and while traveling to and from the sites of the events whether or not the event actually occurs. I further expressly agree to indemnify and hold harmless Releases and the Release's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities, I further agree to reimburse and to make good to Releases any loss, damages, wages, costs or expenses Releases may have to pay as a result of any such action, claim or demand.

I represent that any medications to which Minor is allergic or is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to all events and that he/she shall consume the prescribed dosage.

Medications (if any): \_\_\_\_\_ Allergic to (if any): \_\_\_\_\_

### Medical Insurance Information:

Plan Name \_\_\_\_\_

Group Number \_\_\_\_\_

Member Number \_\_\_\_\_

I, in my own behalf and on the behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on the behalf of the Minor, am aware that this Release and Waiver, releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Date

The Minor, has signed this document voluntarily and of my own free will. I, identified above as Minor, acknowledge that I have read this Release and Waiver Form.

\_\_\_\_\_  
Signature of minor/member

\_\_\_\_\_  
Print minor/member name

\_\_\_\_\_  
Date

