



## Release of Liability & Authorization to Treat

I am the parent or legal guardian of the athlete named below ("my child"). My child has my full consent to participate in any Cheer Legendz, LLC (Cheer Legendz") program. I am aware that in cheerleading, dance, and tumbling, as in any sport involving height and motion, the possibility of serious and catastrophic injury is present. On behalf of my child, I voluntarily assume all risks of loss or injury that my child may sustain from participation in the Cheer Legendz programs. In consideration of my child being permitted to participate in the Cheer Legendz programs, I release and discharge Cheer Legendz and/or its owners, officers, directors, employees, agents, and personnel from any and all liability for any damage or injury which results from or arises out of my child's participation in the Cheer Legendz programs. I also agree to waive all claims that I or my child may have against Cheer Legendz and/or its owners, officers, directors, employees, agents, and personnel which results from or arises out of my; child's participation in the Cheer Legendz programs.

I further agree to indemnify and hold harmless Cheer Legendz, and/or its owners, officers, directors, employees, agents, and personnel from and against any and all demands, claims, costs (including attorneys' fees), and causes of actions arising, directly or indirectly, from my child's participation in the Cheer Legendz programs, including those liabilities which arise from the negligent acts and/or omission of Cheer Legendz, it's owners, officers, directors, employees and personnel.

I certify that the athlete named below has been evaluated by a physician and is physically capable of fully participating in the program in which she/he is enrolled. I grant permission to Cheer Legendz personnel to notify and authorize medical personnel to treat all injuries occurring on the premises. I acknowledge that I am responsible for paying for any medical treatment that my child may receive as a result of participation in Cheer Legendz programs.

I authorize Cheer Legendz to take, record, use, broadcast or publish photographs, videotape or audiotape of my child for any lawful purpose whatsoever, including the promotion and publicity of Cheer Legendz programs. I waive the right to approve the product or receive any royalties or proceeds from such materials.

I have carefully read this Release and Authorization, I fully understand its contents, and I am signing this of my own free will.

Athlete Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Print: \_\_\_\_\_

Parent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Zip \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_