



Arizona All-Stars, Tumbling and Cheer, LLC  
 Waiver of Liability and Medical Release  
 Assumption of Risk and Indemnity Agreement

Today's Date \_\_\_\_\_ How did you hear about us \_\_\_\_\_

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Email Address \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I/We, the undersigned, certify that (print participant's name) \_\_\_\_\_ is in good physical health and is able to participate in Gymnastics/Tumbling and Cheerleading and/or all activities of the Arizona All-Stars Tumbling and Cheer, LLC.

I/We understand that the Arizona All-Stars Tumbling and Cheer, LLC does not require me/my child to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I/We also understand that there is a risk of inherent dangers and I/We recognize and understand that certain risks are inherent in a physical activity including the possibility of physical injury. I/We understand that participation in any or all the activities at Arizona All-Stars Tumbling and Cheer, LLC is voluntary.

I/We hereby voluntarily assume any risk for accidents and/or injuries that occur as part of normal activity. Arizona All-Stars Tumbling and Cheer, LLC, its governing board, its agents, and employees DO NOT assume any liability associated with Arizona All-Stars activities. I/We recognize that this release means I am giving up, among other things, rights to sue the Arizona All-Stars Tumbling and Cheer, LLC, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I/We hereby give permission to and authorize any medical professional and others working under their supervision to treat me/my child for any injury or illness arising from or related to Arizona All-Stars activities. In addition, I/We understand that in an emergency situation, effort will be made by the staff to locate me and/or the guardian before action is taken. I/We further do accept to pay any and all such medical expenses, costs and other charges arising out of any such medical treatment.

I hereby grant permission for photographs of my child to be taken during Arizona All-Stars practice/events. These photographs may be used by the Arizona All-Stars for publicity purposes including brochures, advertisements, web-based publications and/or news releases at the discretion of the Arizona All-Stars Tumbling and Cheer. I do grant permission to use photos of my son/daughter for the purpose of Advertising and Promoting with the Arizona All-Stars. I also agree to receiving information on upcoming Arizona All-Stars events in the mail or to the above email address.

Payment: Payment is due the 15<sup>th</sup> of each month if you are on a competitive team and/or payment is do at the start of a new "punch card". There will be a \$30 fee for returned checks. I do understand that my son/daughter may not be able to participate if my balance is not paid in full. There is an annual registration fee of \$40 due each year in April/May.

**In case of emergency:**

Contact (other than parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies to medication/food or Medical Condition we should know about \_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THE ARIZONA ALL-STARS RULES, RESPONSIBILITIES AND PROCEDURES.**

Print Name \_\_\_\_\_

Signature of Parent(s)/Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_