



**Waiver of Liability and Medical Release
Assumption of Risk and Indemnity Agreement**

Athlete's Name: _____ Age: _____ Grade: _____

Athlete's Name: _____ Age: _____ Grade: _____

Athlete's Name: _____ Age: _____ Grade: _____

Athlete's Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Mom's Name: _____ Contact #: _____

Dad's Name: _____ Contact #: _____

Physician Contact _____ Contact # _____

Allergies to medication/food or Medical Conditions _____

I/We, the undersigned, certify that (print participants name) _____ is in good physical health and is able to participate in cheerleading, tumbling and dancing or all activities of the Arizona All- Stars Fusion Cheer, LLC.

I/We understand that the Arizona All-Stars Fusion Cheer, LLC does not require me/my child to participate in this activity, but I want to so, despite the possible dangers and risks and despite this release. I/We 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 activities at Arizona All- Stars Fusion Cheer, LLC is voluntary.

I/We hereby voluntarily assume risks for accidents and or injuries that occur as part of normal activity. Arizona All-Stars Fusion Cheer, LLC its governing board, its agents and employees DO NOT assumed 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 Fusion 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 my permission to and authorize any medical professionals 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, effect 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 practices or events. These photographs may be used by the Arizona All-Stars for publicity purposes including brochures, advertisements web-based publications and or news releases as the discretion of the Arizona All- Stars Fusion 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.

I/We understand that payments are due the 1st of the month for tumblers, dancers, and show cheer participants. There will be a \$30 fee for returned checks and 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 \$ 45 due each year.

I HAVE AND FULLY UNDERSTAND THE ARIZONA ALL-STAR'S RULES, RESPONSIBILITES AND PROCEDURES.

Printed Name _____

Signature _____ Date _____