Explosion Elite Allstars, LLC Liability Waiver and Medical Release

I acknowledge that hazards are present in athletic/cheerleading activities and participation in such activities may result in injury. My signature below authorizes Explosion Elite All Stars LLC (EEA), its officers, directors, staff members, and instructors thereof to obtain any emergency medical transportation or care that may become necessary in the course of athletic/cheerleading activities and travel. I agree EEA, its officers, directors, staff members, and instructors thereof, shall not be liable for the costs, results or consequences of any health care treatment to my child, and I agree to indemnify and hold them harmless from any such costs.

| 1. Has the student had inj within the last year? | · • | 1 0 | cal attention |
|--|--|---------------------|---------------|
| If yes, please describe: | | | |
| 2. Does student have an openilepsy, asthma, diabetes, chemical Yes | | | lness such as |
| If yes, please describe: <i>Plea</i> must bring inhaler to all practions | , v | • | , the studen |
| You must have medical insur If there is any change in this immediately. | • | - | • |
| Name of company:Please note, upon joining Emust provide a copy of the prior to the start of summer p | xplosion Elite All participant's medic | Stars, LLC (EEA) th | e participan |
| Parent/Guardian Signature | | | |
| EEA Representative | | Date | |