

# XTREME SPIRIT WAIVER FORM

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I fully understand that the staff at Xtreme Spirit are not physicians nor medical practitioners of any kind. With that in mind, I hereby release Xtreme Spirit to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities with Xtreme Spirit.

X \_\_\_\_\_ (Initials)

Does your child have any medical conditions we should be aware of, including but not limited to: asthma, seizures, Down Syndrome, dizzy spells, previous neck injury, or spine conditions, broken bones, high blood pressure, diabetes, epilepsy, heart condition etc...

\*\*All above conditions require a doctors release claiming your child is fit enough to take classes in cheerleading and tumbling.

List all: \_\_\_\_\_

or check none \_\_\_\_\_

If my child uses an inhaler, it should be brought to class. I understand I am required to stay with him/her or get doctor's release.

X \_\_\_\_\_ (Initials)

### Waiver of Liability-Assumption of Full Responsibility for ALL Risks of Bodily Injury, Death, or Damages

As Parent or legal guardian of (CHILD NAME) \_\_\_\_\_, I hereby consent to his/her participation in gymnastics, tumbling, cheerleading, open gyms, birthday parties, special events & activities including inflatables, camps and any other programs offered by Xtreme Spirit. I understand that participation in gymnastics, tumbling, trampoline, cheerleading, and any and all other activities at Xtreme Spirit may result in unavoidable injuries including, but not limited to, muscle or, other soft tissue strains, sprains, and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death for various causes, known and unknown, which include, but are not limited to, the heights of equipment and the body during certain movement, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, tumbling, cheerleading, open gyms, birthday parties, special events and all other activities offered by Xtreme Spirit and the possibility of injury from participation in the aforementioned activities.

**Release of Liability- READ CAREFULLY** - - In consideration for Xtreme Spirit allowing my child to participate in activities offered by Xtreme Spirit, I, my heirs and assigns, next of kin and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kinder nature whatsoever which I have or my child has against Xtreme Spirit or any of their employees, volunteer workers, other agents, representative or anyone else acting on their behalf related to or based on any injuries suffered as a result of engaging in those activities offered by Xtreme Spirit. I expressly acknowledged agree that this release of liability extends to and includes claims that I or my child might otherwise have against any of the forgoing persons or entities based on such persons or entities' negligence or fault. X \_\_\_\_\_ (Initials)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintains its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

By signing this I understand that even though I am not taking cheer or tumbling classes and will not be on equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Xtreme Spirit. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death. This could include outside the building in the parking lot and all surrounding areas.

By your attendance in classes, you are granting your permission for you and your child to be filmed, videotaped or photographed by any means and are granting full use of likeness, voice and words without compensation.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

In Case of an Emergency please contact: \_\_\_\_\_