

## American Prestige Athletics

### Release and Waiver of Liability

(Must Be Signed By All Students and Parent/Legal Guardian)

#### Family Information

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Best phone number to reach you \_\_\_\_\_

Email \_\_\_\_\_

#### Student Information

1. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

#### In Case of Emergency

Mother Work or Cell (circle) \_\_\_\_\_

Father Work or Cell (circle) \_\_\_\_\_

Emergency #

Family or Friend (circle) name \_\_\_\_\_

phone \_\_\_\_\_

#### Medical Insurance

Medical Ins Policy Name \_\_\_\_\_

Med Policy # \_\_\_\_\_

Medical History

General Allergies \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Any Other Pertinent Medical Info

How you heard about our program

\_\_\_ Website \_\_\_ Referral from customer

\_\_\_ Phone book \_\_\_ Previous customer

#### Assumption of Risk and Indemnity Agreement

(Must Be Signed By All Students and Parent/Legal Guardian)

In consideration of participating in the American Prestige Athletics and/or Rockets Cheer Program, I represent that I understand the nature of this program and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand as my child's parent or guardian that this participation involves greater than normal risk of injury and that there may be other risks either now known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my child's participation in any activities associated with this program.

I hereby release and agree to hold harmless and indemnify American Prestige Athletics owners, employees or volunteers from any claims, losses or expenses incurred on behalf of my child or myself. I have read the Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement. I understand that I have given up substantial rights by signing this and have signed it freely and without any inducement or assurance of any nature. It is intended to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I give permission to American Prestige Athletics to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of American Prestige Athletics, LLC. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by a local emergency unit if necessary.

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Date