

PALM BEACH LIGHTNING ALLSTARS

Waiver of Liability/ Medical Release/ Participant Agreement

Date: _____ Age as of Aug. 31,2018: _____

Participants Name: _____ Birthdate: ___ / ___ / ___ Grade: _____ Sex _____

Parent/Guardians Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mother's cell: _____ Father's cell: _____

Child cell: _____

Email Address:(parent) _____ (child) _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Insurance Company: _____ Policy #: _____

Physician's Name: _____ Phone #: _____

List any medications currently prescribed(if any): _____

List any injuries: _____ List any allergies: _____

Cheerleading dancing and tumbling entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. Trained instructors will be present during all practices, however there is always a risk of injury that cannot be prevented. I, the undersigned parent or legal guardian of _____ understand and acknowledge that the activity about to be engaged in poses known risk and unanticipated risk which could result in injury, illness, paralysis, emotional distress, damage to myself, or death. In the event of such illness or injury, I give consent and authorize TJF Allstars,LLC d/b/a Palm Beach Lightning Allstars to obtain any necessary medical attention, treatment, surgery or the administration of drugs by qualified and licensed medical personnel for the minor. In the event of such illness or injury, I hereby release or hold harmless TJF Allstars,LLC d/b/a Palm Beach Lightning Allstars, it's owners, directors, officers, employees, instructors and sponsors against any and all claims, demands, losses, liabilities, suits, costs, fees or other damages. I further agree that all expenses of such medical attention and treatments will be assumed by me or by my insurance company. I understand that I will be contacted by TJF Allstars,LLC d/b/a Palm Beach Lightning Allstars, Inc. as soon as possible to the best of their ability in the event of an emergency regarding said minor.

I understand that TJF Allstars,LLC d/b/a Palm Beach Lightning Allstars will produce promotional material relating to their events. I understand that as a participant the minor may be photographed or videotaped during this event. I hereby grant TJF AllstarS,LLC d/b/a Palm Beach Lightning Allstars, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the minor and to utilize the minor's face, likeness, voice and appearance as part of the event, and in advertising and promoting this event or promoting similar future events, without reservation or limitation. I understand in gaining these rights that TJF Allstars,LLC d/b/a Palm Beach Lightning Allstars is under no obligation to exercise any of these forgoing rights, licenses and privileges herein granted.

I have received, completely read, and understand the above release, waiver, and rules and regulations provided by TJF Allstars, LLC d/b/a Palm Beach Lightning Allstars.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

SIZES: T-SHIRT _____ SPANDEX _____ SPORTS BRA _____ HOODIES _____

PAID AMOUNT: _____ CK _____ CC _____ CASH _____

CAMP _____ CLINIC _____ TEAM _____ OPEN GYM _____