

# Tumbler Release Form

## ASSUMPTION OF RISK and RELEASE

The participant understands that the cheerleading/tumbling involves acrobatics and physical activity which requires a high degree of physical fitness and agility. Injury from falls and from falls of other participant can happen. Therefore, these activities have the potential for injury or death and is acknowledged. Lessee certifies that he or she has no knowledge of any physical or mental impairments that would adversely impact her/his participation. Further, Participant does hereby release and hold Prime Time All Stars, LLC and its owners, employees, rental property owners, sponsors and coaches from any and all claims or accidents or injuries to persons occurring as a result of your participation or from negligence of those persons.

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent Phone number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Someone other than Parent/Guardian)

Emergency Contact phone number: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Allergies: \_\_\_\_\_ 1

Please notify any physical limitations:

E-mail Address: \_\_\_\_\_

Would you like us to contact you via e-mail when we are having tumbling Specials? (circle one) Yes No