



Medical Release and Appearance Waiver

Required prior to any participation with or within the Starstruck Cheer & Dance Program and-or Facility

PARTICIPANTS' LAST NAME PARTICIPANT'S FIRST NAME AGE DATE OF BIRTH

Address: _____ Student Email: _____

City: _____ State: _____ Zip: _____ Student Cell: _____

Mother: _____ Phone: _____ Email: _____

Father: _____ Phone: _____ Email: _____

If parent cannot be reached, Contact: _____ Phone: _____

Health Insurance Company: _____ Member Number: _____

List any serious illness or injury that may interfere with your participation? _____

List any medical problems or known allergies? _____

Medical Treatment Authorization/ Liability and Appearance Release ***Guardian must *initial* each section below***

X _____ I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones and/or catastrophic injury) associated with the activities taking place at this training center. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and or causes of action of any kind, including but limited to any and all claims of negligence, arising as a result of such activity from which liability could accrue to Starstruck Cheer and Dance, its owners, directors, instructors, managers, employees, substantiates, coaches, volunteers and affiliated parties (hereinafter referred to as Starstruck Cheer and Dance).

X _____ I hereby agree to release Starstruck Cheer and Dance and hold them harmless of all liability and acknowledge that I knowingly and voluntarily assume full responsibility for all risks and injury that may take place out of active participation in this program and its practice s and events on behalf of the participant.

X _____ I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

X _____ I understand that the Starstruck Cheer and Dance produces promotional material about their program. I understand that the participant may be included in videotape and or photography within this program. I hereby grant Starstruck Cheer and Dance, its managers, owners, directors, coaches, successors, assignees, licensees, sponsors, and commercial exhibitions to exclusive right to photograph and videotape my student and further utilize the participant's name, face, likeness, voice and appearance as part of this program's advertising and promotion without reservation and or limitation. In granting this license I understand that Starstruck Cheer and Dance is under no obligation to exercise any of these rights, licenses, and privileges herein granted.

X _____ I, parent and or legal guardian signed this document releasing Starstruck Cheer and Dance from any such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this program and its activities and or events.

The above named student has my permission to participate and attend the practices and events of the Starstruck Cheer and Dance Program. I warrant the above information is complete and correct. I also warrant that if any changes are made to my information, I will contact the staff to update my information. I have completely read and understand the above release information. I hereby authorize the Starstruck Cheer and Dance class instructor, director, owner, or their agent to act in my behalf to provide emergency medical treatment. I further release the Starstruck Cheer and Dance program of all liabilities associated with my child's attendance to any practice, event or competition.

GUARDIAN NAME GUARDIAN SIGNATURE DATE