

NEW ORLEANS CHEER OUTLAW ALL-STARS LLC AND THE NEW ORLEANS
CHEER AND TUMBLE CENTER GYM MEDICAL RELEASE AND
REGISTRATION

Vigorous Activity: My child's vigorous participation in tumbling, stunting, exercise or jumping could result in the possibility of injury. No matter how careful the participant and the instructors are the risk of injury is possible. The injury may include catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and **will not hold Janice Bonewitz or any of her personnel or The New Orleans Cheer Outlaw All-Stars or The New Orleans Cheer and Tumble Center responsible** in the case of accident or injury to my child at any time. **I will not hold The New Orleans Cheer Outlaw All-Stars or The New Orleans Cheer and Tumble Center, Janice Bonewitz or her personnel responsible** for any medical expenses due to an injury at anytime to my child _____.

I _____ have read all the above information and my child _____ has read and understands all the above information and we fully understand all risks stated above.

Check off the activity your child will participate:

_____ Cheerleading Camp Date _____

_____ Tumbling Clinic Date _____

_____ Tumbling Classes Date _____

_____ Private Sessions Date _____

_____ Team Cheerleading Practice Date _____

_____ Private tumbling classes Date _____

_____ Stunt clinic Date _____

Parent or Legal Guardian signature

Date

(Student)