

CHEER ZONE, INC. WAVIER & RELEASE FORM

THIS IS A TWO SIDED FORM
Both sides must be filled out completely

This completed form is **MANDATORY** for participation in all classes and events held at or associated with Cheer Zone, Inc.

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward, whose name is _____ to attend and to participate in cheer/dance events associated with Cheer Zone, Inc. I hereby acknowledge that by attending and participating in cheer/dance events that there is a possibility of physical illness or serious, fatal injury to my daughter/son/ward and I do hereby for myself and all others who might have similar claim waive, release and forever discharge any and all rights and claims for injury, which may arise now or in the future against Cheer Zone, Inc., it's coaches, agents, or representatives, the Host Cheerleading center, University, College, School, Institution, and their representatives, for any and all damages which may daughter/son/ward may sustain or suffer while attending and participating in events.

VIGOROUS ACTIVITY DISCLAIMER: The practices, performances, and competitions you will be participating in will involve vigorous athletic activity and may include stunts, jumps, gymnastics, and dance. Due to the nature of the activity you should be aware of the possibility of physical illness or injury (minimal, serious, or catastrophic) and that the participant is assuming the risk of such illness or injury by participating.

PARTICIPANT CONSENT: I agree to cooperate with and follow all instructions and rules in accordance to Cheer Zone, Inc. I understand that failure to obey the coaches or class rules may result in my dismissal from Cheer Zone, Inc. classes or events.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

PARTICIPANT'S PRINTED NAME _____

PARENTIAL CONSENT: I/We authorize the coaches, agents or its representatives of Cheer Zone, Inc. to seek treatment for any injury to or illness of my/our child while a participant and also authorize the physicians and/or hospital near the practice, performance, or competition site to perform treatment to any injury or illness to my/our child. **I/We authorize payment for treatment, either personally or through your family health insurance, for the costs incurred.** I/We have read the above and undersigned the risk of vigorous athletic activity. The participant is in good health and physically capable of participating in Cheer Zone, Inc. events.

PARENT/GAURDIAN'S SIGNATURE _____ **DATE** _____

PARENT/GAURDIAN'S PRINTED NAME _____