

## South Central Xtreme Release, Waiver & Agreement for Appearance

As utilized below, the term "Xtreme" shall be defined as South Central Xtreme, LLC, any of its/their related, affiliated or subsidiary companies and officers, directors, employees, volunteers, agents and assigns of each of the foregoing.

Either for myself or I/we, the below signed parent(s)/legal guardian(s) of the individual or (list minor) \_\_\_\_\_ listed below, (hereinafter "minor"), hereby agree to assume full responsibility for the payment of all debts incurred by myself or the minor during my/his/her participation with Xtreme and to reimburse Xtreme for any damages suffered to Xtreme due to acts of the minor during participation with Xtreme.

The undersigned certifies that the minor is in a sufficient state of good health and that participation in the South Central Xtreme programs will not endanger the participants health.

I/we hereby waive for myself/ourselves and on behalf of the minor any claims or causes of action for death, personal injury, property damage or otherwise (whether or not resulting from the negligence of Xtreme) which he/she or I/we may now have or hereafter have against Xtreme arising out of the minor's participation the cheerleading/tumbling/dance activities or traveling to or from practices, exhibitions or competitions, including, without limitation, all claims or causes of action for death, personal injury, property damage or otherwise resulting from the risks inherent in cheerleading/tumbling/dance, including, without limitation, falls.

I/we further agree to defend, indemnify and hold Xtreme, harmless from and against all claims, judgments, losses, liabilities, costs and expenses (including, without limitation, attorneys' fees and costs) asserted against Xtreme, by such minor or any other party or suffered by Xtreme, arising out of death, personal injury, property damage or otherwise suffered by the minor during the minor's participation in cheerleading/tumbling/dance activities in which the minor participates, including without limitation, death, personal injury, property damage or other loss resulting from the negligence of Xtreme.

I/we authorize Xtreme to procure, at my/our expense, any medical care reasonably required by the minor during his/her participation at hospitals or facilities chosen by Xtreme.

I/we hereby grant Xtreme the right to photograph and/or video tape myself or my minor and further utilize my or the minor's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promoting materials without reservation or limitation. In granting this license, I/we understand that Xtreme is under no obligation to exercise any of its rights, licenses and privileges herein granted by myself/minor.

### If signing for a minor

\_\_\_\_\_  
Print Participants/Minors Name

\_\_\_\_\_  
Parent/Legal Guardian Signature (I have read and agree to all contents)

Date \_\_\_\_\_

### If you are 18 Years of age and live on your own

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (I have read and agree to all contents)

Date \_\_\_\_\_

### Participant Information

Participant's Name \_\_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Medical conditions \_\_\_\_\_ Allergies \_\_\_\_\_ Medications currently taking \_\_\_\_\_

Family Doctor \_\_\_\_\_ Physician Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_