



# 2017-2018 Liability / Waiver Release Form

Vizion All Stars Cheerleading and Gymnastics, LLC/ Vizion All Stars, LLC  
51300 Danview Technology Court  
Shelby Twp, MI 48315

**PLEASE PRINT NEATLY**

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade, starting in September 2017 \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

What activity are you registering for today? All Star Cheer \_\_\_\_ All Star Prep \_\_\_\_ Open Gym \_\_\_\_

Private Lessons \_\_\_\_ Clinic \_\_\_\_ School Team \_\_\_\_ (School Name \_\_\_\_\_)

Once registered, participant is eligible to participate in any of the above listed activities (with paid fee).

All participants are aware of the possible injury that may occur during practice, gymnastic classes, exercise classes, stunting, performances and/or competitions and are willing to assume those risks. It is agreed that participants and their parents/legal guardians will not hold Vizion All Stars Cheerleading and Gymnastics, LLC/Vizion All Stars, LLC, its directors, officers, coaches, teachers, and/or employees liable for injuries sustained while in attendance or while participating in any Vizion All Star activity. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives will not make a claim against, sue, or attach the property of any Release in connection with any of the matters in the foregoing release. Also by signing this waiver I give permission to Vizion All Stars Cheerleading and Gymnastics, LLC/Vizion All Stars, LLC to use pictures and videos of myself and/or child for advertising purposes.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND THAT I/ MY CHILD COULD BE SERIOUSLY INJURED OR EVEN DEATH. I AM VOLUNTARILY INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY OR DEATH. THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN VIZION ALL STARS CHEERLEADING & GYMNASTICS, LLC AND MYSELF.

**ALTERNATE CONTACT** if a parent cannot be reach in the event of an **EMERGENCY** (list someone other than those listed above) - NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** I hereby give Vizion All Stars permission to administer basic first aid and/or CPR to my child. I also hereby give permission for my child to be taken to a hospital for medical treatment when I (or another individual named on this form) cannot be reached or when delay would be dangerous to the health of my child.

**KNOWN ALLERGIES:** \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

Should my child request over the counter medication such as, but not limited to, Tylenol, Advil, Midol, I grant permission to Vizion All Stars staff to administer OTC medication to my child WITHOUT a telephone call to me.

I Agree  I Do Not Agree

**If Signed by Parent/Legal Guardian or Adult Participant:** I verify that the dangers of the activities and the significance of the Release and Waiver were explained to the Participant and that the Participant understood them.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Please circle relationship to Participant: **PARENT** **LEGAL GAURDIAN** **SELF** (if over 18 Years of Age)

**PAID REGISTRATION IS VALID MAY 1, 2017 – APRIL 30, 2018** Individual class fees are applicable.

**\*\*Office Use Only:** Registration Date: \_\_\_\_\_ Registration Amt: \$ \_\_\_\_\_

ALL STAR: YES / NO Payment Form: check # \_\_\_\_\_ / cash SR# \_\_\_\_\_