



2018-2019 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

Adult Participant Name: _____

Home Address: _____

City: _____ Zip: _____ Male ____ Female ____

Cell Phone: _____ Date of Birth: _____

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).

I, the participant, am aware of possible injury that may occur during practice, gymnastic classes, exercise classes, stunting, performances and/or competitions and is willing to assume those risks. It is agreed that the participant 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, 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 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 COULD BE SERIOUSLY INJURED OR EVEN DIE. 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 in the event of an **EMERGENCY**

NAME: _____ Phone: _____ Relationship: _____

EMERGENCY MEDICAL TREATMENT: I hereby give Vizion All Stars permission to administer basic first aid and/or CPR. I also hereby give permission to be taken to a hospital for medical treatment in the event that I am unable to make decisions for myself and a delay would be dangerous to my health.

KNOWN ALLERGIES: _____

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

When signed by the adult participant: I verify that the dangers of the activities and the significance of the Release and Waiver understood and accepted.

(Signature) _____ Date: _____

PAID REGISTRATION IS VALID MAY 1, 2018 – APRIL 30, 2019 Individual class fees are applicable.

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

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