



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

Participant Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Grade, starting in September 2018 _____ 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).

Participant/Parent/Guardian 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 participant 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 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 MY CHILD COULD BE SERIOUSLY INJURED OR EVEN EXPERIENCE DEATH. I AM VOLUNTARILY INVOLVING MY CHILD 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 I.

ALTERNATE CONTACT if a parent can't be reached 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, 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# _____