

**LEGENDS ALL-STARS CHEER & TUMBLING
MEDICAL RELEASE AND APPEARANCE WAIVER**

This form must be filled out prior to any participation within the Legends Program.

Name: _____ Age : _____
Student's Cell Phone: _____ (if applicable) Date of Birth: _____
School: _____ Grade: _____
Home Address: _____ Cell Telephone: _____
City/State/Zip: _____ Home Telephone: _____
Mother's Name: _____ Phone: _____
Father's Name: _____ Phone: _____
If parent cannot be reached, please contact: _____ Phone: _____
Family Doctor: _____ Doctor's Phone Number: _____
Health Insurance Company: _____ Policy Number: _____
Have you had any serious illness or injury (explain)? _____
Do you have any medical problems or allergies that may interfere? _____
Parents Email address: _____

Medical Treatment Authorization/ Liability and Appearance Release

I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones and/ or catastrophic injury) associated with the activities taking place at this training center. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and or causes of action of any kind, including but limited to any and all claims of negligence, arising as a result of such activity from which liability could accrue to Legends All-Stars, its owners, directors, instructors, managers, employees, substantiates, coaches, volunteers and affiliated parties (hereinafter referred to as Legends).

I hereby agree to release Legends and hold them harmless of all liability and acknowledge that I knowingly and voluntarily assume full responsibility for all risks and injury that may take place out of active participation in this program and its practices and events on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I understand that the Legends All-Stars produces promotional material about their program. I understand that the participant may be included in videotape and or photography within this program. I hereby grant Legends, its managers, owners, directors, coaches, successors, assignees, licensees, sponsors, and commercial exhibitions to exclusive right to photograph and videotape my student and further utilize the participant's name, face, likeness, voice and appearance as part of this program's advertising and promotion without reservation and or limitation. In granting this license I understand that Legends All-Stars is under no obligation to exercise any of these rights, licenses, and privileges herein granted.

If I am a minor, my parent and or legal guardian has signed this document releasing Legends from any such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this program and its activities and or events.

The above named student has my permission to participate and attend the practices and events of the Legends Program. I warrant the above information is complete and correct. I also warrant that if any changes are made to my information, I will contact the staff to update my information. I have completely read and understand the above release information. I hereby authorize the Legends class instructor, director, owner, or their agent to act in my behalf to provide emergency medical treatment. I further release the Legends program of all liabilities associated with my child's attendance to any practice, event or competition.

Parent/ Guardian **PRINTED NAME**

Parent/ Guardian **SIGNATURE**

Date