

Capitol Kids

The home of Capitol City Cheer, Capitol Warriors, & Capitol Dance Crew

Class, Clinic, Party, & Event Registration/Waiver Form

Mother's Name: _____ Father's Name: _____

Home Address: _____ City _____ Zip _____

Contact Phone: (____) ____ - _____ Parent's Email: _____@_____

Athlete's Information

Athlete's Name: _____ Male / Female - Birthday ____/____/____

Allergies/Special Needs: _____

Athlete's Name: _____ Male / Female - Birthday ____/____/____

Allergies/Special Needs: _____

Athlete's Name: _____ Male / Female - Birthday ____/____/____

Allergies/Special Needs: _____

Athlete's Name: _____ Male / Female - Birthday ____/____/____

Allergies/Special Needs: _____

Participant Agreement, Release and Assumption of Risk

In consideration of the services of Capitol Kids LLC, its owners, agents, officers, employees, and all others persons or entities acting in any capacity on their behalf (hereinafter referred to as Capitol Kids), I hereby agree to release, discharge, and hold harmless Capitol Kids, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the activities that I or my child engage in while under the instruction of Capitol Kids pose known and unknown risks which could result in injury, death, emotional distress, or damage to me, my child, to property, or to third parties. 2. I agree and promise to accept and assume all the risks, known and unknown, connected with Capitol Kids-related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child are purely voluntary. 3. I hereby voluntarily release, forever discharge, and agree to old harmless and indemnify Capitol Kids from any and all liabilities, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in Capitol Kids-related activities, 4. Should Capitol Kids incur attorney's fees and costs to reinforce this agreement, I agree to indemnify and reimburse them for such fees and costs. 5. I certify that my child has health, accident, and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. 6. I agree to allow Capitol Kids the right to use any pictures, video, or other media taken of my children, myself or any other family members for the production of advertisement materials, websites, flyers, mailers, postcards, or other forms of advertisement,

I have read this entire document and understand it. I agree to abound by its terms.

Signature of Parent/Guardian: _____

Print Name: _____ Date: ____/____/____

Athlete's Name: _____