Impulse Cheer, LLC 2018-2019 Cheerleading Release Statement

Student's Name	
PART 1: Release to allow Impulse Cheer, LLC to render First Aid and / or seek Emergency Services in the absence of Parents or Guardians I fully understand that Impulse Cheer, LLC and staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Impulse Cheer staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Impulse Cheer staff to call a doctor or hospital and seek medical help, including transportation by an Impulse Cheer staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Impulse Cheer staff deem this to be necessary.	
Parent or Guardian Signature	Date
PART 2: Agreement not to sue or cause litigation versus	Impulse Cheer, LLC, and its agents or employees
training and activities provided by Impulse Cheer, LLC. I rec gymnastics, tumbling, trampoline, cheerleading, dance, acro result the participant may suffer injuries, possibly minor, seri	participant, hereby consent to her/his participation in all programs, cognize that there are risks and hazards associated with the sport of abatics, and/or specialized sports training and understand that as a ous or catastrophic in nature. of the possibility of injury and encourage them to follow all the
officers directors and other staff members, against any liability participating in gymnastics, tumbling, trampolining, acrob	nify and hold harmless Impulse Cheer, LLC, its coaches, instructors, ty resulting from any injury that may occur to the participant while ratics, cheerleading, dance, acrobatics, and/or specialized sports, competition or clinic in which he or she may participate or while
	as and possibility of injury involved, I consent to have my child or the control of the control
I also affirm that I now have and will continue to provious which I consider adequate for both my child's protection and	de proper hospitalization, health and accident insurance coverage my own protection.
	VAIVER/RELEASE AND SIGN IT WITH FULL KNOWLEDGE NALLY I AGREE TO ABIDE BY ALL POLICES AND
Cheerleader's or Participant's Signature	Date
Parent or Guardian's Signature	Date