

Minor Waiver/Release RELEASE OF LIABILITY FOR MINOR PARTICIPANTS-READ BEFORE SIGNING

IN CONSIDERATION OF to participate in any way in the CANDY ELITE AI	, age	my minor child, being allowed
to participate in any way in the CANDY ELITE AI	LL-STARS CHEER C	CLINIC, related events and activities,
the undersigned acknowledges, appreciates, and agree		
1. The risk of injury to my child from the activities involve permanent disability and death, and while particular rules		
2. For myself, spouse, and child, I knowingly and freely ass the negligence of the releases or others, and assume full res		
3. I willingly agree to comply with the program's stated and unusual significant concern in my child's readiness for parthe participation and,		
4. I myself, my spouse, my child hereby releases the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law.		
5. I, for myself, my spouse, my child, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, to the fullest extent permitted by law.		
6. While participating at camp I will allow Candy Elite All- squad as a whole. I also understand these photographs may whether it be in paper literature or on the website of Candy waiving all rights to royalties from the usage of any photog	y be used for the sole purp y Elite All-Stars. By signin	pose to promote Candy Elite All-Stars ng this waiver, I further understand I am
7. All deposits made to Candy Elite All-Star Cheerleading, all proceeds from myself, spouse, and child given to the cor Cheerleading, Inc.		
I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.		
Please List any medications or any medical problems:		
X		
X(Parent/ Legal Guardian signature) Date signed:	(Print name)	
Participant's Name		
Participant's Name Emergency Contact #		
I understand the seriousness of the risks involved in participati and regulation, and accept them as a participant.	ng in this program, my pers	sonal responsibilities for adhering to rules

Date signed

(Participant Signature)