

UNITED ALL STARS,L.L.C.

Legal Liability and Medical Release Form

*(Please initial ALL blanks)-**

- I, _____, legal guardian/parent of _____ (Child's Name) fully understand that I am responsible for payment of expenses incurred relating to my child's medical treatment as a participant in the activities of **United All Stars,L.L.C.**
 - _____I certify that my child is physically capable of participating in **United All Stars,L.L.C.** and has no previous injuries that will effect participation.
 - _____I hereby have been forewarned that participation in **United All Stars,L.L.C.** has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussions, contusions, blisters, head and neck injuries, illness and even possible death.
 - _____Having been forewarned, I assume all risk and full responsibility in connection with **United All Stars, L.L.C** and hereby release all instructors, staff, volunteers, practice and performance facilities, and others involved with **United All Stars, L.L.C** from any injury that may befall my child.
 - _____I agree to hold harmless **United All Stars, L.L.C** for any injury incurred as a result of my child's participation.
 - _____I am fully aware of the inherent risks of cheerleading and am willing to accept these risks to participants of **United All Stars, L.L.C.**
 - _____I understand that **United All Stars, L.L.C** strives to provide the maximum in safety precautions and student training.
 - _____I give permission for any medical treatment necessary in the event of illness or injury at practice, events, travel, competitions, or any event we participate in with **United All Stars, L.L.C.**
 - _____I have provided accurate information to the best of my knowledge regarding my child's health and have alerted the staff of **United All Stars, L.L.C** with any medical concerns.
 - _____I have read, agree to, and fully understand the information and risks and agree to all payments required for my child as a participant of **United All Stars, L.L.C.**
 - _____I have read and agree to the **Parent Code of ethics, Student Code of Conduct/Rules and Fundraising Policy.**
 - _____I grant my child permission to be photographed, videotaped, or interviewed for the website, publications or press.
 - In case of an emergency please provide a name/number for us to contact:
Name:_____ Phone:_____ Cell:_____
Relationship to student:_____
- I have read, agree to and fully understand the information and risks involved in United All Stars and agree to ALL payments required for my child to participate with United All Star,L.L.C.***

Parent Signature:_____ **Date:**_____

Student Signature:_____ **Date:**_____