

## Participation Form, Parent Consent and Release

**Athlete Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

On behalf of myself, the named minor above and any other minor children whom I allow to participate, my heirs, next of kin, executors and administrators, I hereby waive, release and discharge to the fullest extent permitted by law, any and all rights, claims and/or causes of action I may have or hereafter acquire against Cheer Destiny LLC and/or its representatives, successors, and assigns, and/or its event sponsors, for any and all losses, damages and/or injuries (actual and/or consequential) which may be suffered by the above named minor child, myself or my family arising out of or in any way related to the participation in Cheer Destiny LLC cheerleading activity, tumbling instruction, and open gym, including but not limited to any claims of personal injury or death from participating in or attending the clinics and/or loss of personal property by theft or otherwise during said activity and any publicity related to any event as a result of participation in any event, whether caused by negligence of the Event Sponsors or otherwise. I understand that the activities of cheerleading, stunting, tumbling are active, physical sports and that injuries can take place during participation. I also understand that there will be more event attendees than staff and that my child will not receive individualized attention and also will not receive individualized supervision. I hereby acknowledge that my child is physically and mentally capable and able to participate in the above referenced activity and has no health or other problems that would present risk in participating in this activity. I am aware of the possible risks inherent in the nature of the activities provided at the clinics and that the instructors, Cheer Destiny LLC, do not provide medical insurance covering injuries of any nature incurred in any activity and clinics.

**ASSUMPTION OF RISK.** I hereby assume full responsibility on behalf of my minor child for any and all risk of bodily injury, death or property damage due to the negligence of the instructors or otherwise by participating in or observing any and all activities during the clinics.

**PUBLICITY.** I hereby consent to the use without compensation, of my minor child's likeness and/or voice in publicity and advertising concerning any and all Cheer Destiny LLC, marketing and promotions by way of any media throughout the world and hereby expressly waive any right to prior approval of such use.

**ADDITIONAL REPRESENTATIONS RELATING TO MINORS.** I understand that every precaution will be taken to protect the safety of each participant in this program. However, I also understand that I am responsible for all personal medical insurance on the participating child and that I will be responsible for any medical costs incurred as a result of the child's participation in this program. I agree to assume full risk for any and all activities in which the child may participate and I hereby waive, relinquish and release any and all claims which I and/or the child may have, obtain or think I may have against Cheer Destiny LLC, or any of their respective owners, officers, agents, employees, associates, and affiliates as a result of injury which I and/or the child may sustain in any activity associated with participation. I voluntarily accept this risk and agree that Cheer Destiny LLC, will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any other damages. If there is any claim by anyone based on injury, loss or damage described herein, which involves me or the child, I agree to defend and indemnify Cheer Destiny LLC, against such claims and reimburse Cheer Destiny LLC for any and all expenses relating to said claim. In case of medical emergency, I authorize Cheer Destiny LLC to arrange for emergency medical treatment of the child at my sole cost.

By signing below, you hereby attest that you are the parent or legal guardian of the child named above, and have the legal authority to execute the above release.

Parent or Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_