ELITE HEAT ALL STARS

ATHLETE WAIVER FORM

Athlete Name:		Date of Birth:
Address:	City:	Zip:
Email:	Alternate Email:	
Home Phone: ()	Athlete Cell Phone: ()
Mother:	Cell Phone: ()
Father:	Cell Phone: ()
Emergency Contact:	Cell I	Phone: ()
Allergies:		
Medications:		
Photo Release: I give my permission to have any pictures or videos of my child used on our website and promotional materials. I\We the undersigned herby certify that I (we) are the parent or guardian of the child. I hereby give permission for the staff of Elite Heat All Star Cheerleading, to seek appropriate medical treatment for my child in the event of accident, injury, or illness. I (we) will be responsible for any and all costs of medical treatment. In consideration of the services of ELITE HEAT ALL-STAR CHEERLEADING, its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Elite Heat"), I hereby agree to release, discharge, and hold harmless ELITE HEAT on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estates as follows:		
1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of ELITE HEAT pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all of those risks: Cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions, raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself. 2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with ELITE HEAT related activities, including		
but not limited to performance of stunts and the use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks. 3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify ELITE HEAT from any and all liability, 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 ELITE HEAT-related		
activities. 4. Should ELITE HEAT be required to incur attorney's fees an and costs.	d costs to enforce this agreement, I	agree to indemnify and reimburse them for such fees
5. I certify that my child has health, accident and liability insurparticipating in this event or activity, or else I agree to bear the and bear the costs of all risks that may arise or be created, direct 6. In the event that I file lawsuit against ELITE HEAT, I agree procedural laws in that state shall apply in any such action with agreement is found void or unenforceable, the remaining portion. By signing this document, I acknowledge that if anyone is his children in this activity, I may be found by court of law to releat I have had the sufficient opportunity to read this entire document.	costs of such injury or damage to rectly or indirectly, through or by any to do so solely in the State of New nout regard to the conflict of laws ruons shall remain in full force and effurt or property is damaged during nase ELITE HEAT by signing this A	ny child. I further certify that I am willing to assume such condition. York and I further agree that the substantive and ules thereof. I agree that if any portion of this fect. ny participation or the participation of any of my greement.
Signature of Parent:		Date:
Print Name:	Preferred Ho	spital: