

## TRIAD CHEER RELEASE WAIVER

As legal guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble track, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

### **Release of Liability**

I/We the undergoing parent(s)/legal guardian(s), do hereby grant permission for our child to participate in clinic(s), tryouts, any/all subsequent practices, camps, exhibitions, private lessons, cheer classes, and private use of the Triad Cheer facility, competitions and/or events (all program related activities) with Triad Cheer. I/We agree to and by the signing of this agreement, release Triad Cheer, coaches, volunteers, and any other location for practices from any claim of negligence by ourselves, our son/daughter, or relatives from any claims for loss of or damage of his/her property which may arise out of his/her participation in the Triad Cheer program.

### **Assumption of Risk**

I/We acknowledge, understand, and agree that cheerleading, dance, and gymnastics is a sport in which the risk of injury is high; that any one of the routines involving your child's participation in these activities in general could lead to serious injury, including partial or total paralysis, even death. Despite this understanding of the possibility of serious catastrophic injury or death and the risk involved, we still consent to the participation in this activity by our child and assume the risk of such illness or injury by participating. We understand that our child is required to be in good physical shape and condition and that the activities which she/he will be asked and expected to participate in, are strenuous and require physical and athletic agility. These activities include, but are not necessarily limited to, a variety of gymnastic routines, exercises, a variety of mounts and stunts requiring the coordination of more than one participant in team and individual classes/privates.

### **Medical Emergencies**

I/We hereby authorize the coaches or other supervising adult to obtain the necessary medical treatment and/or authorize medical transportation to the nearest medical center in the event that my child sustains an injury and/or illness during participation in these sports, and I hereby release FCA Cheer and its representatives from any claims for personal illness or injury that my child may sustain during participation in these activities. I/We accept full responsibility for any/all medical bills including transportation incurred during emergency or urgent care medical treatment sought on my child/legal ward's behalf and understand that the only insurance that covers said child is the cited participant's health insurance(s). I/We represent to you that, to the best of our knowledge and belief, our child has no physical, medical, or mental disability or other limitation that would restrict her/his ability to fully participate in this activity as described to us. The undersigned further certifies that said child is not allergic to any medication, drugs or food except as listed above.

Athlete Name: \_\_\_\_\_

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Printed Parent Name

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Parent Signature

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Date