

Leadercheer Academy

Informed Consent and Waiver Form

Informed Consent

I understand that by their very nature, cheerleading, gymnastics, trampoline, acrobatics, and dance, carry a risk of physical injury up to and including mental injury, paralysis and death. These physical activities include, but are not limited to: aggressive dancing, frequent high speed twisting, frequent high-speed flipping, being inverted, gymnastics, acrobatic aerial tricks, substantial altitudes, and cheer stunting, which could possibly result in serious or permanent physical, mental injury, and death. No matter how careful the participant and coach are; no matter how skilled the coach or participant are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Regardless of these facts, I acknowledge the risks involved and I freely elect to allow myself or my child to participate. Furthermore, I waive all claims arising from injury or death.

Release of Liability

I understand that Treasure Coast Athletics, INC staff members are not physicians or medical practitioners of any kind. I hereby give permission to the staff to render temporary or basic first aid to my child or myself in the event of injury or illness. I agree to hold harmless, Treasure Coast Athletics, INC and its staff for any injury, whether such injury results from the negligence of Treasure Coast Athletics, INC or its officers, agents or staff, or some other cause, resulting from rendering temporary or basic first aid.

I understand that Treasure Coast Athletics, INC staff members are not medical practitioners, athletic trainers, or Sports Medicine Practitioners. Understanding this, I give permission to Treasure Coast Athletics, INC staff to administer common "athletic training" treatments such as, but not limited to: providing ice packs, providing athletic support and braces, athletic taping, administer Ibuprofen and Acetaminophen and rendering first aid. I certify that my child is NOT allergic to Ibuprofen or Acetaminophen. I agree to hold harmless Treasure Coast Athletics, INC and its staff or any injury, whether such injury results from the negligence Treasure Coast Athletics, INC or its officers, agents, or some other cause, resulting from rendering these common treatments.

I understand that by taking part in any Treasure Coast Athletics, INC event, there is a possibility of injury or sickness to my daughter/son or to me (myself/advisor/coach/chaperone). In the event that I cannot be reached, I authorize Treasure Coast Athletics, INC and its employees, whether paid or volunteer, to give consent for my son/daughter to receive medical treatment including transportation by Treasure Coast Athletics, INC staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of paramedics or ambulance for said child should the Treasure Coast Athletics, INC staff deem necessary. I authorize Treasure Coast Athletics, INC, its employees, or agents to call for an ambulance without first requesting my permission. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured, or to me (myself/advisor/coach/chaperone).

I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child's protection and my own protection.

I also agree to hold harmless Treasure Coast Athletics, INC and its staff, the event facility and/or official hotel for any injury, whether such injury results from the negligence of Treasure Coast Athletics, INC or its officers, agents or staff, or some other cause, as a result of my daughter's/son's participation or my (myself/advisor/coach/chaperone) participation in any Treasure Coast Athletics, INC event.

It is agreed that I, my spouse, child, my heir(s) and executors, forever waive and release any and all rights and claims for damages, whether such damage, loss or injury results from the negligence of Treasure Coast Athletics, INC or its officers, agents or employees, or some other cause, that I, my spouse, my child, or my heir(s) and executors may have at any time against Treasure Coast Athletics, INC or its representatives, shareholders and staff whether paid or volunteer, for any injuries or damages in connection with the instructional or competitive programs or other activities related to Treasure Coast Athletics, INC and/or any injuries or damages in connection with traveling/transporting to and/or from competitions, exhibitions, or pre arranged outings. The risks involved with such activity are fully understood.

Photo Release

I understand by signing this form, I allow Treasure Coast Athletics, INC and its staff to use my or my son's/daughter's image on their website, in flyers or for any other Treasure Coast Athletics, INC advertising or media.

Athlete Name: _____

Parent Signature _____