

Liability Waiver Release Form

A1 Spirit Athletics Cheer & Tumbling

PLEASE PRINT NEATLY

Participant Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Male: _____ Female: _____

Mother's Name/Guardian Name: _____

Cellphone: _____

Email Address: _____

Father's Name/Guardian Name: _____

Cellphone: _____

Email Address: _____

Participant/Parent/Legal Guardian are aware of the possible injuries that may occur during practice, tumbling class, exercise, stunting, performance and/or competition's and are willing to assume those risk. It is agreed that participant and their parents/legal guardians will not hold A1 Spirit Athletics, its directors, officers, coaches, teachers, and/or employees liable for injuries sustained while in attendance or while participating in any A1 Spirit Athletics activity. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse, and legal representatives will not make a claim against, sue, or attach the property of any release in connection with any of the matters in the foregoing release. Also, by signing this waiver I, _____ (Full Name) give permission to A1 Spirit Athletics to use pictures and videos of child for advertising purposes.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND THAT MY CHILD COULD BE SERIOUSLY INJURED OR EVEN RESULT TO DEATH. I AM VOLUNTARILY INVOLVING MY CHILD AND AGREE TO ASSUME ANY AND ALL RISK OF BODILY INJURY OR DEATH. THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN A1 SPIRIT ATHLETICS AND I.

ALTERNATE CONTACT: If a parent/ parents can't be reached in the event of an EMERGENCY (list someone other than those listed above) – Name: _____ Relationship: _____
Home Phone: _____ Cellphone: _____

EMERGENCY MEDICAL TREATMENT: I hereby give A1 Spirit Athletics permission to administer basic first aid and/or CPR to my child. I also hereby give permission for my child to be taken to a hospital for medical treatment when I (or another individual named on this form) cannot be reached or when delay would be dangerous to health of my child.

KNOWN ALLERGIES: _____

MEDICAL CONDITIONS: _____

CURRENT MEDICATION: _____

Should my child request over the counter medication such as, but not limited Tylenol, Advil, Midol, Ibuprofen, I grant permission to A1 Spirit Athletics staff to administer **OVER THE COUNTER** medication to my child WITHOUT a telephone call to me. **I AGREE:** _____ or **I DO NOT AGREE:** _____

If signed by Parent/ Legal Guardian or Adult Participant: I verify that the dangers of the activities and the significance of the Release and Waiver were explained to the Participant and the Participant understood them.

Signature: _____ Date: _____

Please circle relationship to Participant: PARENT / LEGAL GUARDIAN / SELF (if over 18 years of age)