



RELEASE FORM (5/20)

1308 Santa Fe, Weatherford, 76086, 817.613.1189, www.themaverickallstars.com, maverickallstars@gmail.com

How did you hear about us: _____ Email Address: _____

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Home Address: _____ City: _____ Zip Code: _____

Emergency contact, if parents are unavailable: _____ Phone: _____

Student Name: _____ ☐ Male ☐ Female Birth Date: ____/____/____ Age _____

Medical Conditions: _____ Allergies: _____

Student Name: _____ ☐ Male ☐ Female Birth Date: ____/____/____ Age _____

Medical Conditions: _____ Allergies: _____

Student Name: _____ ☐ Male ☐ Female Birth Date: ____/____/____ Age _____

Medical Conditions: _____ Allergies: _____

LIABILITY RELEASE AGREEMENT: I _____, the parent of the listed child or children herein this document fully understand that Maverick All-Star Tumblers (MACD LLC) staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby give permission to MACD LLC and the staff of MACD LLC to: 1.) render first aid to my child or children in the event of any injury or illness, 2.) call our doctor and to seek medical help, 3.) provide transportation by a MACD LLC staff member or its representatives when deemed necessary by such staff member, 3.) utilize, whether paid or volunteer, any health care facility, hospital or ambulance for said child should the MACD LLC staff deem this to be necessary and the parent of the listed child or children in this document shall be responsible for all bills and financial commitments as a result thereof. I also authorize the physician and/or hospital to perform treatment to any illness or injury to my child. I authorize payment for treatment, either personally or through our family health insurance.

We, the staff of MACD LLC recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, dance, ropes course elements, rock wall, sport programs, recreational programs, exhibitions, special events, camps, educational clinics, travel to and from events and any other activities participated in or hosted by or in conjunction with MACD LLC. All of these activities mentioned in the previous sentence shall be consolidated and in sum be referred to as **"ACTIVITIES"** in the following sentences. **"ACTIVITIES"** affiliated with MACD LLC can be dangerous to students and can lead to injuries that may possibly be minor, serious, or catastrophic in nature. I, as a parent, should make our child or children aware of the possibility of injury and encourage our child or children to follow all the safety rules and the instructions of all MACD LLC staff. The MACD LLC staff members and/or management do not accept responsibility for injuries sustained by any student or MACD LLC participants during the course of MACD LLC **"ACTIVITIES"** in the gym or on-line classes. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs or **"ACTIVITIES"** offered by MACD LLC. My executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against MACD LLC and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage for both my child's/children's protection and my own protection while participating in MACD LLC **"ACTIVITIES"**. MACD, LLC has taken every precaution to prevent COVID-19 and other contagious diseases. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the MACD, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I also understand that it is my responsibility, as a parent, to warn my child or children about the dangers of the **"ACTIVITIES"** at MACD LLC. I, as parent, should warn my child or children according to what I, as parent, feel is appropriate. MACD LLC will only warn the child through "Safety Rules" that are posted and our teaching style and progressions.

I am aware that for advertising purposes, individual and group photos and videos are taken from time to time at the MACD LLC campus and off campus at competitions and other special events that MACD LLC participates in. I hereby grant my permission for my child's likeness, pictures and videos to be used for MACD LLC advertising and marketing materials.

X _____
Signature of Parent

DATE: _____

Print Parent/Guardian Name: _____