

# **WAIVER FORM**

Cheer Force Athletics  
WAIVER OF LIABILITY

I \_\_\_\_\_ THE UNDERSIGNED, AM EITHER THE PARENT OR LEGAL  
GUARDIAN OF THE MINOR/MINORS BELOW. (PARTICIPANT'S FULL NAME)

I AM FULLY AWARE THAT PARTICIPATING IN GYMNASTICS, TUMBLING, TRAMPOLINE, DANCE, CHEERLEADING, BIRTHDAY PARTIES, SPECIAL EVENTS, ACTIVITIES, AND SPORTS INVOLVING HEIGHT AND/OR MOTION MAY RESULT IN ILLNESS, INJURY, PERMANENT PARALYSIS OR DEATH TO THE PARTICIPANT. THESE ACTIVITIES CAN INCLUDE UNFORESEEABLE RISKS INCLUDING, BUT NOT LIMITED TO, EQUIPMENT FAILURE, SPOTTING FAILURE, EMPLOYEE NEGLIGENCE, PARTICIPANT NEGLIGENCE, AND ACTS OF NATURAL FORCES. BEING FULLY KNOWLEDGE OF THESE DANGERS AND RISKS - I ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH ASSOCIATED WITH OUR PARTICIPATION.

ALLOWING MY CHILD (REN) TO USE CHEER FORCE ATHLETICS FACILITY, I, ON BEHALF OF MY CHILD (REN) AND OUR RESPECTIVE HEIRS, ADMINISTRATORS, EXECUTORS, AND SUCCESSORS, (COVENANT NOT TO SUE AND FOREVER RELEASE, WAIVE INDEMNITY AND HOLD HARMLESS, CHEER FORCE ATHLETICS LLC., CFA DIRECTORS, AND CFA COACHES WITHOUT LIMITATION DAMAGES, INJURIES OR DEATH RESULTING FROM PARTICIPATION TO CHEER FORCE ATHLETICS LLC, ACTIVITIES AND/OR UNFORESEEABLE RISKS INCLUDING ACTS OF NEGLIGENCE.

PARTICIPANT DOES NOT HAVE ANY MEDICAL CONDITIONS THAT WOULD PREVENT OR HINDER SAFE PARTICIPATION WITHIN THE CFA PROGRAM. IF YOUR CHILD REQUIRES AN INHALER, OR HAS ANY MEDICAL CONDITIONS, I UNDERSTAND I AM REQUIRED TO STAY WITH HIM/HER OR GET A DOCTOR'S RELEASE.

IF AN EMERGENCY DOES OCCUR, I WOULD LIKE MY CHILD (REN) TO BE TAKEN TO A HOSPITAL FOR MEDICAL TREATMENT AND I HOLD CHEER FORCE ATHLETICS LLC. ITS OWNERS, DIRECTORS, AND COACHES HARMLESS IN THEIR RETRIEVING MEDICAL CARE. THEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN CHEER FORCE ATHLETICS PROGRAM AND/OR ANY INJURY THAT OCCURS DURING SUCH PARTICIPATION.

PARTICIPANT SHALL PAY ANY ATTORNEY FEES OR COST INCURRED BY CHEER FORCE ATHLETICS LLC. IN ENFORCING THIS AGREEMENT.

GUARDIAN OF PARTICIPANT HAS READ CAREFULLY AND FULLY UNDERSTANDS THE CONTRACT AND THE ASSUMPTION OF RISK/MEDICAL AUTHORIZATION/AND WAIVER OF LIABILITY. I SIGNED THIS OF MY OWN FREE WILL. I ACKNOWLEDGE I AM THE GUARDIAN AND UNDERSTANDS THE TERMS OF THE AGREEMENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD/CHILDREN NAME/S

\_\_\_\_\_  
EMERGENCY CONTACT (INCL. PHONE #)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
INSURANCE CARRIER AND ID #

\_\_\_\_\_  
MEDICAL CONDITIONS

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
PARENT CELL PHONE