



PARTICIPANT RELEASE WAIVER

PARENT NAME _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CHILD 1 _____ BIRTHDATE _____

CHILD 2 _____ BIRTHDATE _____

CHILD 3 _____ BIRTHDATE _____

LIABILITY WAIVER AND MEDICAL RELEASE FORM

In consideration of my decision to participate as a guest in this program, I acknowledge that there is an element of danger and risk of personal injury in instruction and practice in the sport of cheerleading, tumbling, and/or dance. I hereby, and in the event the participant is a minor, the undersigned agrees for myself and my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against All-Star Fusion. This includes its owners, instructors, participating students, building owners, employees, promoters, operators, representatives, successors, sponsors and/or assignee sponsors individually or otherwise for any and all damages that which may be sustained or suffered by me in connection with my association or with my entry and participation in this program.

In the event of an emergency occurring while my child/self is participating in this program, I grant my permission to All-Star Fusion, and its employees, to take whatever action is necessary. In the event a parent or guardian cannot be reached, I hereby authorize All-Star Fusion, and its employees, to give consent for my child to receive medical treatment, and I will be responsible for any fees or charges incurred as a result.

Appearance Clause:

I understand from time to time All-Star Fusion produces promotional material about their programs. I understand that as a participant I may be included in videotape or photographs taken during clinics, practice, performances or competitions. I hereby grant All-Star Fusion, its successors, assignees, licensees, sponsors and any media or other commercial entities associated with the program, the exclusive right to photograph and/or videotape participant and further utilize participant's face, likeness, voice and appearance as part of the program and in advertising and promoting the program without reserve or limitation. In granting this license, I undersign that All-Star Fusion is under no obligation to exercise any of its rights, licenses, and privileges herein granted by participant.

PARENT SIGNATURE _____ DATE _____

EMERGENCY CONTACT & PHONE _____

LIST MEDICATIONS (IF ANY) & ALLERGIES _____

HOW DID YOU HEAR ABOUT US?

FACEBOOK GOOGLE WEBSITE FRIEND INSTAGRAM EVENT/PARADE

OTHER (PLEASE SPECIFY) _____