



**Carrie Cheer d/b/a ICONIC ALLSTARS / Cheer Alliance, INC. Participant Waiver**

**THIS FORM MUST BE COMPLETED BEFORE PARTICIPATION IN ANY ACTIVITY.**

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID: \_\_\_\_\_ (JR/CC)

Parent/Legal Guardian Name: \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Participating Activity:  Class  Team  Birthday Party  Open Gym  Private Lesson

(check all that apply)  Camp/Clinic  Field Trip  Facility Rental

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Carrie Cheer, Inc. d/b/a Cheer Alliance, Inc. its affiliated organizations Iconic Allstars or Spotlight Cheer and sponsors, their coaches, and associated personnel, officers, directors, board members, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability, including negligence, to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs of cheerleading, classes, lessons or any program or activities of Carrie Cheer, Inc. d/b/a Cheer Alliance or Iconic Allstars and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the sport of cheerleading and has been found physically capable of participating in tumbling, and other gym activities. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

I hereby give permission for Carrie Cheer, Inc. d/b/a; Iconic Allstars /Cheer Alliance and its designated photographers to photograph and videotape the participant while participating in any Carrie Cheer d/b/a;Iconic Allstars or Cheer Alliance event including but not limited to practice and competitions. I further give permission for such photographs and/or videotapes to be used for Carrie Cheer d/b/a Iconic Allstars marketing material as deemed appropriate for the promotion of Carrie Cheer d/b/a Cheer Alliance. I agree that there are to be no fees, commissions or royalties paid to me for the use of the photograph(s) or videotapes containing the participant.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of listed minor applicant/participant, acknowledge and agree that I am the parent or legal guardian of the above named minor and therefore have the authority to grant these permissions by myself, on behalf of my spouse, minor's legal guardian, next of kin, relative, and said minor.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Email: