



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:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT In consideration of being allowed to participate on behalf of Iconic Allstars program and related events and activities, the undersigned acknowledges appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I acknowledge Iconic Allstars may, at times, provide items of Personal Protection Equipment (PPE) at events or activities and I hold harmless, Iconic Allstars, for all use, and non-use, of provided PPE. 5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (Carrie Cheer, Inc. D.B.A. Iconic Allstars) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____