

**WAIVER OF LIABILITY / MEDICAL / PUBLICITY
RELEASE FORM FOR ENCORE ELITE WILDCATZ, LLC**

Please print legibly – This waiver is valid for all years that your child is involved in any part of Encore Elite Wildcatz, LLC

As _____ (“cheerleader”) voluntarily and with my permission participates in Encore Elite Wildcatz, LLC All Star Cheerleading, for all seasons and at all events. I, _____, (“parent or guardians”) understand that by the very nature of the activity cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participants and the coaches are, how many spotters, or what landing surface is available, the risk cannot be eliminated completely. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

In consideration of your allowing ”cheerleader” to participate in the Encore Elite Wildcatz, LLC All Star Cheerleading program, and intending to be legally bound, I do hereby for myself and my heirs, executors and administrators, forever release, absolve and discharge Elite Wildcatz, LLC All Stars, which includes but is not limited to all the owners, coaches, instructors, staff, employees, parents, cheerleaders, sponsors, and participants, from all liabilities and waive any and all rights and claims for damage which I may have or may hereafter accrue as a result of injury, disability or death sustained or suffered by “cheerleader” in connection with his/her association with or participation in the Encore Elite Wildcatz, LLC All Stars Cheerleading program. .

I do hereby acknowledge that “cheerleader” has insurance coverage and that I accept the financial responsibility for care and/ or treatment “cheerleader” should need in the case of an emergency during or as a result of any and all participation with the Encore Elite Wildcatz, LLC All Star Cheerleading program. I agree not to hold Encore Elite Wildcatz, LLC, which includes all aforementioned persons, financially responsible for care and/or treatment needed in case of an injury, sickness, accident, and/or death to ”cheerleader.” In the event of an emergency resulting in injury, accident, sickness, and/or death the designated emergency adult listed in the box below will be contacted.

I hereby give my permission for “cheerleader” to be photographed, videotaped, and / or audio taped during any participation with the Encore Elite Wildcatz, LLC All Stars Cheerleading program. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of the Encore Elite Wildcatz, LLC All Stars Cheerleading program.

<p>IN CASE OF EMERGENCY, CALL: <u>Please print clearly w/ black ink.</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Emergency Person* Home Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____</p> <p>Mobile Phone: (____) _____</p> <p>Business Phone: (____) _____</p> <p>Doctor’s Name: _____</p> <p>Dr. Phone: (____) _____</p> <p><u>List any allergies:</u></p> <p>_____</p>	<p>Insurance Information: _____</p> <p>Child Name: _____</p> <p>Date of birth: _____</p> <p>Home Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>EMAIL: _____</p> <p>Home Phone: (____) _____</p> <p>Responsible Insurance Party _____</p> <p>Insurance Company: _____</p> <p>Policy # REQUIRED: _____</p> <p>Insurance Co. Address: _____</p>
<p>*Please add any additional emergency contacts to the backside</p>	

Parent/Guardian Signature: _____

Initial that all information is still correct: Any changes will require a new waiver.

2016/2017: _____ 2017/2018: _____ 2018/2019: _____ 2019/2020: _____ 2020/2021: _____