

Release/ Waiver of Liability, Assumption of Risk, and Payment Agreement

I. ATHLETE INFORMATION

Athlete's Name: _____ DOB: _____ Allergies/Medications : _____
Athlete's Cell: _____ Insurance Company
& Policy Number: _____
E-Mail: _____

II. PARENT/ LEGAL GUARDIAN INFORMATION

Name(s): _____ Parent's email: _____
Address: _____
Mother's Cell: _____
Father's Cell: _____
Family Doctor: _____
Number: _____

III. ASSUMPTION OF RISK/ WAIVER OF LIABILITY

As legal guardian/ parent of the above named person/athlete, I recognize that potentially severe physical injuries, including permanent paralysis, and/ or death can occur in sports, cheerleading and/ or activities involving height or motion, including but not limited to gymnastics, cheerleading, stunting, building of pyramids, tumbling, trampoline, jumping, dancing, open gym, private training, competitions, performances, camps, etc. Being fully aware of these dangers, I voluntarily consent to the aforementioned person/athlete participating in any and all classes, practices or performances at Cheers Sports Facility, Inc. dba Cheers All Star ("Cheers") and/or performances and/or competitions at a variety of locations, settings and venues in connection with the athlete's participation on a Cheers team, and I ACCEPT ALL RISKS associated with that participation. In consideration of the acceptance of the athlete as an athlete or member of Cheers, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors hereby COVENANT NOT TO SUE and FOREVER RELEASE Cheers, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Cheers, including without limitation, those damages or injuries resulting from acts of negligence on the part of its principals, advisors, contractors, employees, or agents.

I further agree to hold harmless and indemnify Cheers All Star; including without limitation, all principals, partners, members, managers, officers, contractors, advisors, representatives, employees, coaches or staff personnel, volunteers, and administrators. I further release Cheers from any medical and/or legal costs which may arise due to any injury and/or illness sustained. I also give permission for photographs and videos of my child to be used in print or other media as deemed appropriate for the promotion of any Cheers activities.

IV. PERMISSION FOR EMERGENCY MEDICAL TREATMENT/ MEDICAL INSURANCE

I confirm that my child is in good health and that I have medical insurance on my child and will provide coverage while he/she is enrolled/participating. I hereby authorize first aid by trained and/ or untrained staff members, employees, coaches, medical personnel and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of emergency. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Cheers.

Special Medical/Physical Conditions: _____

V. PAYMENT/ POLICY

I understand and agree that my financial obligation to Cheers is from April 1, 2026 until March 31, 2027 (the "season"). All Payments are due on the 1st practice of each month and late on the 15th of each month.. I understand that I will be assessed a \$500 early termination fee if my child chooses to leave the program before the completion of the season. Also, any unpaid tuition balance will mean my child must sit out of all activities until the account is current. Additionally, I understand I will be charged an annual fee for all practice and competition related expenses that correlates with the team my athlete is on (e.g., Rec team, Prep team or All Start team).

I understand that I have a responsibility to Cheers and to other athletes on the team to honor my commitment to remain in the program for the entire season, attend practices, and participate in competitions. I further understand that Cheers does not issue any type of refunds. I fully understand/ acknowledge that Cheers has the authority to remove an athlete for violation of policies or any other reason.

I hereby agree that I am responsible for tuition and annual fees. I certify that I have fully read and will comply terms and conditions of this Agreement. I aware by signing this document I am waiving certain rights and ACCEPT ALL RISKS associated with participation.

Legal Guardian/ Parent's Name (print)

Legal Guardian/ Parent's Name (sign & date)