

MEDICAL RELEASE FORM

I fully understand that All Star Cheer & Fitness, LLC, Sparks All Stars and their employees and agents and staff (collectively hereinafter referred to as "All Star") are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize the All Star to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by All Star to call a doctor and seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for said child should All Star Cheer deem it necessary.

All Star recognizes our obligation to make our clients and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury. It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The undersigned agree that, All Star, and its staff member is not responsible for injuries sustained by any cheerleading or dancer during the course of tumbling, stunting, cheerleading, or dancing in which he/she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by All Star _____ release All Star from any liability associated with any injuries that my child/children may sustain as a result of participating in any activities offered by or associated with All Star and specifically waive any claims for damages against All Star in connection therewith. I also affirm that I now have and will continue to provide hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

Participant Name

Participant Address

Home Phone

City, State, Zip Code

Parent/Guardian cell phone

Emergency Contact Name & Number

Medical Insurance Company

Policy & Group Number

E-mail address

X _____
Participant or Participant's Parent/Guardian Signature if under 18.
330920-1

Date