



IMPACT CHEER ELITE

Date: _____ Class(Day/time): _____

Registration & Waiver

2017/2018

entire form must be filled out

Athlete: _____ DOB: _____ Age: _____

Athlete: _____ DOB: _____ Age: _____

Mother's Name: _____ Phone # _____

Father's Name: _____ Phone # _____

Address: _____ City _____ Zip: _____

Email: _____

Are there any medical conditions or allergies of the student that we should be aware of?
If yes please describe condition or allergies and give date(s) of major injuries:

Medical Treatment Authorization and Liability Release I understand that there are risks of physical injury associated with, arising out of and inherent to the activities conducted in Define Yourself's (DY) facility(ies), to include but not limited to spectators and participants. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, possibility of temporary or permanent injury, broken bones, catastrophic injury, death or paralysis and I assume all risks and release any and all rights for such injuries, mental and emotional suffering now or in the future against DY it's officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities. I hereby give permission and authorization to any medical professional and others working under the supervision to treat me/my child for any injury or illness resulting from any activities from DY. I hereby agree to release DY and hold DY harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in the program on behalf of the participant. I am also fully accepting that I accept to pay any and all medical expenses, costs or other fees if medical treatment is needed. I have signed this document voluntarily and on my own agree in exchange for the privilege of participation. If I am a minor, my parent and/or legal guardian has signed this document releasing DY from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity. The above named student has my permission to attend the classes offered by DY. I warrant the above information is complete and correct. I hereby authorize DY to act in my behalf to provide emergency medical treatment. I further release DY of all liabilities associated with my child's or my own attendance at the program.

Appearance Agreement. I understand that DY from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in video or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to DY and their respective successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video Minor and to utilize such video and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither, Define Yourself LLC, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Parent or legal guardian name

(PRINT): _____ **Date:** _____

Parent signature: _____