



# Waiver Form

## WAIVER

**WAIVER:** I, the undersigned, parent/guardian of, the athlete named below, understand that participating in any activities at Carolina Legacy Cheer & Dance, Inc; Carolina Legacy Tumble, inc, Inspire Athletics Cheer, LLC or any other affiliated events with CLT, comes with certain degree of risk of injuries to the athlete. I agree to assume all risks and hereby release Carolina Legacy Tumble, Inc (CLT) and any other affiliated company including but not limited to it's owners, employers, employees, or volunteers from any and all liabilities. I understand that all medical expenses are sole responsibility of the athlete or the athlete's family. CLT expects all athletes to carry their own medical insurance, which is not provided by Carolina Legacy Cheer & Dance, inc. or Carolina Legacy Tumble, inc.

**PHOTOS/VIDEO :** I also give permission to CLT and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athletes. I give CLT all rights to use any videotapes, photographs, and/or publications of the athlete in any promotional usage and/or any other means, without compensation.

## Medical Release

I hereby authorize and give consent to any approved staff members of Carolina Legacy Cheer & Dance, Inc (CLA) and Carolina Legacy Tumble, Inc, (also refer to as CLT) to take whatever action necessary for any medical treatment, when parent/guardian cannot be reached. I understand that by signing this form that CLA and CLT is not liable for any injuries incurred during competitions, practices, classes, events, and/or anywhere upon the premises of CLA. I have disclosed all medical or physical information on the athlete mentioned above. I certify that the individual named is physically capable and able to fulfill their requirements needed to be an athlete at Carolina Legacy Tumble, DBA.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Name \_\_\_\_\_

Athlete's Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Parent **Email Address** \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Any Health concerns \_\_\_\_\_