



# Waiver/Registration / Card Authorization Form

ATHLETE'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

I hereby authorizes Carolina Legacy Tumble, inc to have my card on file to charge according to my financial agreement on a monthly cycle, including but not limited to tuitions, annual registration fee, late fees, nsf fees, and any other event fee.

This authorization is to remain in full force and in effect until Carolina Legacy Tumble, inc receives a written (email) notification from cardholder of its termination before the 15th prior to the 1st of the month in which you wish to withdraw to allows Carolina Legacy Tumble, inc. a reasonable opportunity to act on it.

**Any declined charges will be assessed a \$15 late fee.**

VISA / MC \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Code \_\_\_\_\_

Monthly tuitions \$ \_\_\_\_\_ Annual Fee \$50 individual \$75 Family

Reg	_____
Tuition	_____
Total Due at sign up	_____

Name on Card \_\_\_\_\_

Billing/Mailing Address \_\_\_\_\_

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

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**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 Cheer & Dance, inc and 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.

## COVID-19 Disclosure & Assumption of the Risk

For the health and safety of our athletes and employees we have taken certain enhanced measures to prevent the spread of COVID-19. Nevertheless, an inherent risk of exposure exists in any public place where people are present. COVID-19 is an contagious disease that can lead to severe illness or death. By attending our facility you and all participants voluntarily and expressly assume all risks related to the exposure to, and contraction of COVID-19

**YOU MUST BE FEVER FREE FOR AT LEAST 48 HOURS, WITHOUT THE USE OF FEVER REDUCING MEDICATIONS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_