



Xtreme Athletics Cheer & Tumbling, LLC
184 Pinegrove Drive, Pineville, LA 71360

Athlete Release and Waiver for Participation

ALL participants MUST have a FULLY completed and signed release and waiver form in order to participate in the event.

Participant Name _____ Legal Guardian/Parent _____
Address _____ City, State, Zip _____
Phone _____ Secondary Phone _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or guardian of _____, (hereinafter "participant") hereby grant the permission necessary to allow the participant to take part in the event taking place at the above said facility which is to be conducted by Xtreme Athletics Cheer & Tumbling, LLC (hereinafter XA). I, in my own behalf and in behalf of the participant, further agree to release and to hold harmless XA as well as any and all the respective directors, officers, representatives, members, agents from any and all liability, whether caused by negligence or otherwise for any claim, judgment, loss, liability, cost and expense, including, without limitation, attorney fees and costs, arising out of or connected with the event including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the participant may incur or sustain during the event, all activities associated with the event and while traveling to and from the site of the event whether or not the event actually occurs. I, in my own behalf and on behalf of the participant, hereby warrant that I have read the Liability Release entirely and fully understand its contents and am aware that upon signing this form, it fully releases XA and contains acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the participant, have signed this document voluntarily and of my own free will.

Signature Legal Guardian/Parent _____ **Date** _____

Medical Release: I, in my own behalf and on behalf of the participant, acknowledge and agree that such participation subjects participant to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of the participant, acknowledge that the participant is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize XA, to obtain necessary medical treatment of the participant and hereby in my own behalf and on behalf of the participant, release and hold harmless XA as well as any and all the respective directors, officers, representatives, members, agents in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain during the event and while traveling to and from the site for the event.

Appearance Agreement: I understand and grant permission to XA to include, use, produce and distribute any promotional material which may include videotapes, photographs, DVDs, postcards, online promotion, ad advertisement and web podcasting, which may include the participant. Therefore without reservation or limitation, I, in my own behalf and on behalf of the participant, hereby assign and transfer the exclusive right to use of participants name, face, voice, likeness, and appearance, as a part of the event, in advertising and promoting, the event and similar future events. I further understand that neither XA nor any third party is under obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the participant, waive any right to inspect or approve any material related thereto.

Insurance/Medical/Emergency Contact Information:

I represent that any medications to which the participant is allergic or currently taking are listed below. I agree that participant shall bring any necessary medications which participant is currently taking with him/her to the event and that only prescribed dosage shall be consumed. XA will not administer or supply any type of medication at the event.

Medications (if any): _____
Allergic to (if any): _____
Insurance Company _____ Policy/Group Number _____
Insurance Phone _____ Doctor Name _____
Name of Contact: _____ Phone _____ Alt Phone _____

I, on my own behalf and on behalf of the participant, hereby warrant that I have read this Release and Waiver form in its entirety and fully understand its content. I, in my own behalf and on behalf of the participant, am aware that this Release and Waiver form release any and all liability and contains an acknowledgement of my voluntary and knowing assumption of risk of injury or illness. I, on my own behalf and on behalf of the participant, further acknowledge that this Release and Waiver form in no way constitutes a guarantee that the event will occur. I, on my own behalf and on behalf of the participant, have signed this document voluntarily and of my own free will.

Signature Legal Guardian/Parent _____ **Date** _____
Signature Participant _____ **Date** _____