



# Athlete's Information Waiver Form

## WAIVER

**WAIVER:** I, the undersigned, parent/guardian of the athlete named below, understand that participating in any activities at Carolina Legacy Cheer and Dance, Inc. Carolina Legacy All-Stars, DBA, or any other affiliated events with CLA, comes with certain degree of risk of injuries to the athlete. I agree to assume all risk and hereby release Carolina Legacy All-Stars and any other affiliated company including but not limited to its, 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. CLA expects all athletes to carry their own medical insurance, which is not provided by Carolina Legacy Cheer and Dance, Inc.

**PHOTOS/VIDEO:** I also give permission to CLA and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athletes. I give CLA 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 and Dance, Inc, also known as Carolina Legacy All-Stars (DBA), to take whatever action necessary for any medical treatment, when parent/guardian cannot be reached. I understand that by signing this form that CLA 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 named individual is physically capable and able to fulfill their requirements needed to be an athlete at Carolina Legacy All-Stars.

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

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

Athlete's Birthdate \_\_\_\_\_ Age as of August 31 \_\_\_\_\_

Attending School \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

Any Health Concerns \_\_\_\_\_

# LITTLE PATRIOTS CHEER CAMP WAVIER

Participants Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home # : \_\_\_\_\_ Cell #: \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_

I understand that cheerleading can sometimes be a dangerous sport and will not hold Apex Friendship High School, the coach, or the cheerleaders responsible for any injury that may occur. For safety reasons, I understand that my child is not permitted to wear jewelry at the clinic or game. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed. If contact is unsuccessful, I give my written permission for my child to be treated by a medical doctor if deemed necessary or by trainers, coaches, or volunteers responsible for camp operation. Any expenses arising from injury are the responsibility of the undersigned. I agree to let my child participate in the clinic and perform at the game. I understand that a parent/guardian is required to sign my child in/out of the clinic and game. No participant will be released from the clinic or the football game without a parent/guardian to sign them out.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_