

DOLLAR NIGHT Release Form

Note: this form does not "Register" you with our gym & is for DOLLAR NIGHT ONLY

Name _____ Grade _____
Age as of August 31 this year _____ How did you hear about us? _____
Date of Birth _____ Phone# _____
Email Address (Primary Address Required for info & billing) _____
Address _____ City/State/Zip Code _____
Mothers Name _____ Fathers Name _____
Mothers Phone # _____ Fathers Phone # _____

Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in Chico Cheer All Stars' programs - otherwise please state "NONE".

LIST TO WHO THE PARTICIPANT MAY BE RELEASED IN CASE OF AN EMERGENCY AND THE PARENTS CAN NOT BE REACHED:

Name _____ /Relationship _____ Phone # _____
Medical Insurance Company _____ Policy # _____

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I give the above named permission to participate in the program(s) of Chico Cheer All Stars, Inc. Also, the above named child (his/her legal guardian or parent if under eighteen years of age), agrees to indemnify and hold harmless Chico Cheer All Stars, Inc., it's officers, employees and coaches/instructors from and against all liability, claims, suits, damages, losses and expenses, including attorney fees, threatened or incurred, and arising from the child's participation in any Chico Cheer All Stars, Inc. program, or by reason of any injury or any damage to said child or to any person or property occurring during said participation, or from any cause whatsoever. I fully realize that activities at Chico Cheer All Stars, Inc. can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for Chico Cheer All Stars, Inc. to give my child simple first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I will assume all costs for medical care. The above named child (ren) is physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the Parent/Guardian to let us know of any updates throughout the year.

Treatment/Publicity/Liability Release

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Chico Cheer All Stars, Inc. at their own risk and will not hold Chico Cheer All Stars Cheerleading Inc., employees and /or instructors liable for any and all injuries that may occur while participating in cheerleading.

The undersigned does hereby grant Chico Cheer All Stars, Inc., and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any Cheerleading or dance camp posters, calendars, photographs, try-out flyers, video material, film material, computer software, computer hardware, electron on-line services, or other similar promotional material in any form, content or medium to promote or market Chico Cheer All Stars, Inc.

The undersigned does hereby expressly release and waive any demand, action claim, license, royalty, or other form of payment the undersigned, and his or her agents, representative or assigns, may have based on claims of the undersigned as to right of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Chico Cheer All Stars Cheerleading, Inc. of the undersigned's name, likeness or appearance.

(Participant if 18 or older) Parent's Signature: _____ Date: _____