



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 _____

