

Athlete NAME _____ Date _____

WAIVER **DM** **IE** RELEASE

*****Must be filled out completely to participate*****

AGE _____ DOB _____

Emergency Contact Name: _____ Phone: _____

Medical Conditions or Allergies _____

INSURANCE Provider: _____ POLICY/Group # _____

*****Must have & provide insurance info
to participate*****



Please list any physical/psychological limitations, health conditions, injuries or weaknesses that may affect the athlete's participation & or performance.

ACKNOWLEDGEMENT, AUTHORIZATION & RELEASE FORM:

In consideration for (athlete name) * _____ 's participation in the activities provided by Iowa Elite Cheer, including but not limited to all aspect of cheerleading, tumbling, trampoline and dance training and/or competition. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release Iowa Elite cheer, including its officers, shareholders, agents and employees, from any liability to the above named athlete of the person claiming through him/her arising from injury to the person or property of the above names athletes occurring on the premise of Iowa Elite Cheer , including any event sponsored or sanction by Iowa Elite Cheer and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Iowa Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Iowa Elite Cheer, including it's officers, shareholders, agents and employees from any loss, liability, damage or cost incurred to be binding upon the athletes his/her heirs, assignees and successor in interest and anyone claiming by or through him/her. In addition, I give Iowa Elite Cheer permission to film, photograph, or videotape the above athlete for any reproduction, movies, televised events, or promotional print associated or in any way connected with Iowa Elite Cheer. I have read and understood the registration form and agree to all terms as stated. I certify that my son/daughter is covered by adequate health insurance to cover any and all accident/injury fees that might occur due to his/her participation. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any Iowa Elite Cheer activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Iowa Elite Cheer to take the above named athlete to a qualified medical or hospital facility for care or treatment.

PROGRAM & FEES:

I hereby agree to abide by the program and fee rules. All program fees are payable in full, upon submission of this application to Iowa Elite Cheer. The undersigned agree to pay all costs and expenses (including all attorney fees) incurred by Iowa Elite Cheer in attempting to collect program fees. I also understand that if my son/daughter should discontinue this program for any reason, there will be no refunds of any kind.

Parent Signature _____ Date Signed _____