

Medical & Liability Release Form

Athlete Name _____ Email Address: _____

I/We, _____, parents/guardians of _____ who is attending Gila Cheer, LLC, and wishes to participate in a cheerleading, stunting, and tumbling activities, give our consent for such participation by our son/daughter. We understand that our son/daughter is required to be in good physical shape and condition to participate at a 100% physical level and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility and endurance. I/We fully understand that these activities include, but are not limited to a variety of gymnastic routines, that there will be a variety of mounts, dismounts and stunts requiring the coordination of more than one participant on the squad.

I/We fully understand that cheerleading is a sport in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation of this sport by our son/daughter.

We represent to you that, to the best of our knowledge and belief, our son/daughter has no physical, medical or mental disability or other limitation that would restrict his/her ability to fully participate in this activity on a daily basis as described and explained to us.

We agree to, and by the signing of this agreement, release the coaches, assistant coaches, volunteers and staff of Gila Cheer, LLC from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in the Gila Cheer program.

Signature of Parent or Guardian: _____ Date: _____