

Wylie Elite Waiver Form

Participant's Name: _____ **Date of Birth:** _____

Parent Name: _____

I fully understand that the staff at Wylie Elite are not physicians nor medical practitioners of any kind. With that in mind, I hereby release Wylie Elite to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Wylie Elite. X _____ (Initials)

Does your child have any medical conditions we should be aware of, including but not limited to: asthma, seizures, Downs Syndrome, dizzy spells, previous neck injury, or spine conditions, broken bones, high blood pressure, diabetes, autism, epilepsy, heart condition etc...

****All above conditions require a doctors release claiming your child is fit enough to take classes in cheerleading and tumbling.**

List all _____
or check none _____

_____ If my child uses an inhaler, it should be brought to class. I understand I am required to stay with him/her or get doctor's release.
(Initials)

Waiver of Liability-Assumption of Full Responsibility for ALL Risks of Bodily Injury, Death, or Damages

As Parent or legal guardian of (CHILD NAME) _____, I hereby consent to his/her participation in gymnastics, tumbling, dance, cheerleading, open gyms, birthday parties, special events & activities including inflatables, camps and any other programs offered by Wylie Elite. I understand that participation in dance, gymnastics, tumbling, trampoline, cheerleading, and any and all other activities at Wylie Elite, Inc. may result in unavoidable injuries including, but not limited to, muscle or, other soft tissue strains, sprains, and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death for various causes, known and unknown, which include, but are not limited to, the heights of equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, tumbling, cheerleading, open gyms, dance, birthday parties, special events and all other activities offered by Wylie Elite and the possibility of injury from participation in the aforementioned activities.

Release of Liability-READ CAREFULLY--In consideration for Wylie Elite allowing my child to participate in activities offered by Wylie Elite, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Studio For Kids, Inc, Wylie Elite, Kristy Von Runnen or any of their employees, volunteer workers, other agents, representative or anyone else acting on their behalf related to or based on any injuries suffered as a result of engaging in those activities offered by Kristy Von Runnen, The Studio for Kids, Inc., or Wylie Elite. I expressly acknowledge and agree that this release of liability extends to and includes claims that I or my child might otherwise have against any of the forgoing persons or entities based on such persons or entities' negligence or fault. X _____ (Initials)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____ Date _____
Parent or Guardian

By signing this I understand that even though I am not taking cheer or tumbling classes and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Wylie Elite. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death. This could include outside the building in the parking lot and all surrounding areas. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

X _____ Date _____
Parent or Guardian

Insurance Provider: _____

Policy Holder Name and ID # _____

In Case of an Emergency please contact: _____

(someone other than parent)