

Liability Waiver



I am aware that participating in dance, gymnastic, cheer activities and acrobatic dance involves inherent risks and hazards. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, property damage, or loss resulting from such risks and hazards. I voluntarily agree to release the Phoenix Acrobatics and Cheer, Phoenix Acrobatics and Cheer employees/volunteers/contractors and Athena Ethier Jeffs from any and all liability for any loss, damage, injury or expense that I or my next of kin, successors or dependents may suffer or incur as a result of participation with this event due to any cause whatsoever.

As the Parent or Guardian of _____, if I cannot be contacted, I authorize Phoenix Acrobatics and Cheer to seek medical services in case of serious injury or illness. I further agree to accept financial responsibility in excess of the benefits allowed by my health plan. I understand that Phoenix Acrobatics and Cheer, Athena Ethier Jeffs, Phoenix Acrobatics and Cheer employees and/or contractors will not assume responsibility for any lost or stolen property, or for any bodily or personal injury consisting of or arising out of any participation in any physical training or athletic activity.

I hereby grant Phoenix Acrobatics and Cheer permission to use my/my child's likeness in photographs and video. These images may appear in publications, promotional material, internal staff training manuals and on the internet in association with Phoenix Acrobatics and Cheer. I understand and agree that these images will become the property of Phoenix Acrobatics and Cheer, and I hereby irrevocable authorize Phoenix Acrobatics and Cheer to edit, copy, exhibit, publish or distribute these images for any lawful and moral purpose.

Dated in the City of _____, in the Province of _____ the _____ day of _____, 20_____

Signature of Participant (or, if under age 18, Parent or Guardian):

_____ Please note that all participants (or, if under age of 18, their Parent or Guardian) are required to sign this waiver.

Emergency Contact Information:

Student Name _____ Age _____

Parent/Guardian(s) _____

Health Care Number _____ Province _____

Phone # _____ Cell # _____

Emergency Contact _____ Phone # _____