



CHEERology Tumbling & Stunting

2017-2018 Registration Waiver Form/Photo & Video Release

Personal Information

Student Name _____

Parent or Guardian Name _____

Phone Number: _____

Emergency Contact: _____ Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Age _____ School _____ Grade 2017-18 _____

Date of Birth: _____

T-SHIRT SIZE: _____

Medical Condition currently being treated: _____

Medications currently being taken: _____

***Please inform CHEERology if any of this information changes in the course of the year.**

Parental Consent

- I do hereby grant permission to Cheerology LLC to care for _____
- In case of emergency, I give permission to the emergency and hospital staff to administer immediate treatment to my child should he/she be injured or sick.
- I fully understand that any and all expenses resulting from treatment are my responsibility.
- The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
- I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my child's participation.
- I willingly agree to comply with the program's stated and customary terms and conditions for participation and financial responsibilities.

Photograph & Video Release Form

I hereby grant permission to the rights for my child's image, likeness and sound of there voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational or training presentations
- Website display
- Promotional photo & video

- By signing this release I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting.
- I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.
- There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.
- This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.
- By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Parent/Guardian Signature _____ Date _____

Athlete's Signature _____ Date _____