



Release/ Waiver of Liability, Assumption of Risk, and Membership/ Payment Agreement

I. STUDENT INFORMATION

Student's Name: _____ DOB: _____ School: _____

Student's Cell: _____ Insurance Company & Policy Number: _____

E-Mail: _____

II. PARENT/ LEGAL GUARDIAN INFORMATION

Name: _____ DL Number: GA | AL

Billing Address:

Home Number: _____

Work Number: _____

Cell Number: _____

Employer: _____ How did you hear about United? _____

E-mail: _____

III. ASSUMPTION OF RISK/ WAIVER OF LIABILITY

As legal guardian/ parent of the above named persons, I recognize that potentially severe physical injuries, including permanent paralysis, and/ or death can occur in sports and/ or activities involving height or motion, including but not limited to gymnastics, cheerleading, stunting, tumbling, trampoline, martial arts, dancing, birthday parties, open gym, squad training, camps, sleep-over and etc. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at United Cheerleading of Columbus/ Heath Perkins Company LLC, and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors hereby COVENANT NOT TO SUE and FOREVER RELEASE United Cheerleading of Columbus/ Heath Perkins Company LLC, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of United Cheerleading/ Heath Perkins Company LLC, including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

I further agree to hold harmless and indemnify United Cheerleading of Columbus/ Heath Perkins Company LLC; including without limitation, all representatives, all staff personnel, and all administrators. I further release United Cheerleading of Columbus/ Heath Perkins Company LLC from any medical and/or legal costs which may arise due to any injury and/or illness sustained. I also give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of any United Cheerleading activities.

IV. PERMISSION FOR EMERGENCY MEDICAL TREATMENT/ MEDICAL INSURANCE

I confirm that my child is in good health and that I have medical insurance on my child and will provide coverage while he/she is enrolled. I hereby authorize first aid by trained and/ or untrained staff members, employees, instructors, medical personnel and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of emergency. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for United Cheerleading of Columbus.

Special Medical Conditions: _____

V. PAYMENT/ POLICY

All Payments are due on the 1st of each month and late on the 5th of each month, regardless of whether I receive a "bill" in the mail or not. I understand that a \$25.00 late fee will be applied to all unpaid balances at 8:00pm on the 5th of each month and services will cease on all unpaid balances on the 6th of each month. I acknowledge that the student will be removed from all classes if the student has missed for two weeks and has an unpaid balance. I understand a "one-time" registration fee of \$35 per family/ household and a \$30 returned check fee will be assessed for any checks (including check drafts and credit cards processed) returned for non-payment.

I understand that two make-up classes will be honored per month and that United Cheerleading of Columbus does not issue any type of refunds. I acknowledge that credits are only honored for sixty days and can be used for classes and/ or merchandise. Furthermore, I understand that United Cheerleading of Columbus operates on a four week billing cycle. I fully understand/ acknowledge that United Cheerleading has the authority to remove the student/ participant.

I hereby agree that I am responsible for all costs incurred for the collection of any delinquent payments, including but not limited to collection/attorney/court costs, etc. I certify that I have fully read and will comply with the content therein. I aware by signing this document I am waiving certain rights and ACCEPT ALL RISKS associated with participation.

Legal Guardian/ Parent's Name (print)

Legal Guardian/ Parent's Name (sign & date)