

PARTICIPATION AGREEMENT AND WAIVER FORM

Pierce Athletics recognizes that it is our obligation to make our athletes and their parents aware of the risks and hazards associated with the sports of tumbling and cheerleading. The risk of harm may be lifted by all the equipment, training and precautions, but it is never eliminated. Athletes may suffer injuries, possibly minor, serious or catastrophic in nature.

While Pierce Athletics enforces safety rules, it is the parent's responsibility to warn their child about the dangers of and possible injury from these sports. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instruction.

Therefore, in consideration of my child's participation in Pierce Athletics' classes, events, and activities whether conducted on or off the premises of Pierce Athletics, I agree to be bound by the following:

LIABILITY WAIVER AND RELEASE

I am fully aware and understand that participation in the programs at Pierce Athletics involve movement, rotation and height which carries a risk of injury, including catastrophic injury, paralysis and even death, as well as other damages or losses associated with participation in tumbling, cheerleading and other physical activities. I understand that I need to provide medical coverage for my child, and I will be responsible for all medical and related bills that may be incurred from said activities. I agree to release Pierce Athletics, along with the coaches and the employees, from responsibility or liability for any losses or damages that occur as a result of my child's participation in any Pierce Athletics' practices, events, competitions and activities or travel for participation in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family.

READINESS TO PARTICIPATE

My child will only participate in Pierce Athletics' practices, events, competitions and activities for which I believe he/she is physically and psychologically prepared.

MEDICAL ATTENTION

I hereby give my consent to Pierce Athletics to provide customary medical/athletic training attention, transportation and emergency medical services should Pierce Athletics' staff deem this to be necessary during my child's participation.

MEDIA RELEASE

Without compensation to me or my child listed, I hereby grant Pierce Athletics permission to publish and use photographic portraits, pictures or videos of my child for use through reasonable promotion of Pierce Athletics. I hereby waive any right to inspect or approve the finished media material as long as the material is within reason and is not deemed to be socially inappropriate for use.

AUTHORIZATION TO PARTICIPATE

As a parent or legal guardian, I confirm that the information provided is correct. I hereby verify by my signature below that I fully understand and accept each of the above conditions. I have reviewed and agree to comply with all the policies and procedures of Pierce Athletics and authorize my child listed to participate in said activities. This agreement shall remain in effect as long as and whenever my child participates in any activity at or with Pierce Athletics. By adding my email address, I authorize Pierce Athletics to add my email to their mailing list for upcoming events and gym specials.

Signature of Parent or Legal Guardian

Date

Print Parent Name

Phone

Athlete Name(s)

Email Address