

Inspire Athletics Cheer & Tumble Waiver Form

ATHLETE'S NAME_____

Address_____

Age_____

City_____

Parent's Name_____

Zip Code_____

Parent's Phone Number _____

Parent's Email Address _____

WAIVER: I, the undersigned, parent/guardian of, the athlete named below, understand that participating in any activities at Inspire Athletics Cheer, LLC or any other affiliated events with IAC, comes with certain degree of risk of injuries to the athlete. I agree to assume all risks and hereby release Inspire Athletics Cheer and any other affiliated company including but not limited to it's owners, employers, employees, or volunteers from any and all liabilities. I understand that all medical expenses are sole responsibility of the athlete or the athlete's family. IAC expects all athletes to carry their own medical insurance, which is not provided by Inspire Athletics Cheer

PHOTOS/VIDEO : I also give permission to IAC and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athletes. I give IAC all rights to use any videotapes, photographs, and/or publications of the athlete in any promotional usage and/or any other means, without compensation.

Medical Release

I hereby authorize and give consent to any approved staff members of Inspire Athletics Cheer to take whatever action necessary for any medical treatment, when parent/guardian cannot be reached. I understand that by signing this form that IAC is not liable for any injuries incurred during competitions, practices, classes, events, and/or anywhere upon the premises of IAC. I have disclosed all medical or physical information on the athlete mentioned above. I certify that the individual named is physically capable and able to fulfill their requirements needed to be an athlete at Inspire Athletics Cheer.

Parent's Signature_____ **Date**_____