CHEER ALLIANCE; INC RELEASE OF LIABILTY AND ASSUMPTION OF RISK AGREEMENT

Participant's Full Name	Age	DOB		
Address		State	Zip	
Home phone				
Parent/Guardian Name		ne		
e-mail				
Additional Parent's Name				
e-mail				
Emergency Contact				
phone				
	MEDICAL INFORMA	_		
Primary care physician	phone			
nsurance	policy number			
Named insured and responsible party				
Allergies	previous injuries:			
	ty. I fully understand that there are known and	CALINDON HOUSE STORE CA		
coluntarily agree to participate in, to include but not lie.). Some of the risks resulting from my voluntary participates, harm caused by medical conditions, acts and orevious participants as well as injuries that have not on me upon the signing of the Agreement that may rest.). I certify and promise that I have adequate insurance or sons. I agree to pay the entire costs associated with indemnify the Released Persons for all costs associated cheer Alliance, Inc or the Released Persons for any act.). I fully acknowledge and understand that the employauipment and facilities owned and operated by the Roman not occur in the monitoring, supervising, and rown any not occur in the monitoring, supervising, and rown and the coluntarily assume the risk associated with my own moderated to my participation. 1). If yoluntarily accept all obligations relating to all atteleated to my participation. 1). If yor a representative on my behalf, file a claim or obtate of Wisconsin, State of Indiana, and State of Floritorion of this Agreement is found to be unenforceable. 1). I agree to allow all Released Persons to photograpic estriction, to include but not limited to world wide we work the use of the photographs and recordings. 1). I agree that if the Participant is a minor, as determined the releases, waivers and promises contained herefactive the use of the photographs and recordings. 2). I voluntarily release, discharge and agree to defend the releases, waivers and promises contained herefactive that if the Participant is a minor, as determined the releases of the photographs and recordings. 2). I voluntarily release, discharge and agree to defend the releases of the photographs and recordings. 2). I voluntarily release, discharge and agree to defend the releases of the promoter of the	cipation include, but are in no way limited to, omissions of other persons and other participates. I get been sustained by previous participants. I gult in medical assistance, medical expenses, as to cover any injury or damage that may be cent injury to or damage to myself, my property of dwith injury to or damage to myself, my property of dwith injury to or damage to myself, my property of diditional expenses, but not limited to, out of preves of the Released Persons may be negligereleased Persons. I fully understand and acceptaintenance of the equipment and facilities or nowledge of my medical and physical conditions. Or prevent of the equipment and facilities or nowledge of my medical and physical conditions. Or prevent of the end of t	n the grounds operate scrapes, cuts, bruises, ants, concussions, an fully understand and and medical emergencinused by my participation other persons and therty or other persons and therty or other persons are the risk associated with the risk associated with which may or may not a defending or enforcing. 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I also agree not to hol co-pays. coaching and maintaining gence and recklessness that ms. to myself or other persons and Agreement that are in any way edural law of the State of Illinois y other state. I agree that if any uner and in all media, without inspect or approve the photogra hat I waive all right to inspect an on behalf of that minor Particip guardian to bind the minor , causes of action, lawsuits or a of the facilities and grounds ow all claims which allege negligent suits, or any other legal actions on. interpreted or construed as an a was filed. I agree that any disp erated by the Released Persons against the Released Persons commendations made by the itration. or operated by the Released dersons. I have had sufficient und by its terms and without nunication, and all other
coluntarily agree to participate in, to include but not lime.) Some of the risks resulting from my voluntary participates, harm caused by medical conditions, acts and orevious participants as well as injuries that have not on me upon the signing of the Agreement that may restly. I certify and promise that I have adequate insurance or the seasons. I agree to pay the entire costs associated with indemnify the Released Persons for all costs associated here. Alliance, Inc or the Released Persons for any act. I fully acknowledge and understand that the employauipment and facilities owned and operated by the Romay not occur in the monitoring, supervising, and rown and the coluntarily assume the risk associated with my own more in the monitoring of the presentation of this Agreement is found to be unenforceable of the coluntarily accept all obligations relating to all attested to my participation. 1). If I, or a representative on my behalf, file a claim or obtate of Wisconsin, State of Indiana, and State of Floritorition of this Agreement is found to be unenforceable to the use thereof without compensation. I agree that it the Participant is a minor, as determined the releases, waivers and promises contained her articipant to the Agreement without limitation. 1). I voluntarily release, discharge and agree to defend the releases, waivers and promises contained her articipant to the Agreement without limitation. 2). I voluntarily release, discharge and agree to defend operated by the Released Persons, including all ceckless acts or omissions of other persons. 1). I agree that if the Participant is a minor that I shall elating to property or personal injury brought by or or 2). Nothing in this Agreement shall constitute an admindission by any party of any liability or wrongdoing 3). This Agreement shall be binding on the Participant 3.	cipation include, but are in no way limited to, omissions of other persons and other participates. I get been sustained by previous participants. I get been sustained by previous participants. I get been sustained by previous participants. I get to cover any injury or damage that may be cent injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property ded with injury to or damage to myself, my property damaged decided and acceptantenance of the equipment and facilities or nowledge of my medical and physical conditions. The property description and physical conditions or my fees incurred by the Released Persons and legal action against the Released Persons and otherwise record my participation for all to sites relating to the Company and my particial photographs and recordings are the exclusived by the state law, this Release of Liability are in are binding on the minor Participant and the participant and the participant of liability by any party. This Agreement whatsoever or the validity or liability of any legal and anyone acting on my behalf or behalf of the minor and are in any way relate ission of liability by any party. This Agreement whatsoever or the validity or liability of any legal and anyone acting on my behalf or behalf of the minor and are in any way relate ission of liability by any party. This Agreement whatsoever or the validity or liability of any legal and anyone acting on my behalf or behalf of the minor and are in any way relate ission of liability by any party. 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To operated by the Released ersons. I have had sufficient and by its terms and without nunication, and all other

Witness Signature: _____

Witness Name: ___