

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of _____, hereafter child(ren), I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, dance, cheerleading, birthday parties, special events & activities including inflatables, camps and any and all other programs offered at Rising Stars Academy, Inc. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Rising Stars Academy, Inc. programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Rising Stars Academy, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Rising Stars Academy, Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Russ Berndt, the Party Staff at and/or Rising Stars Academy, Inc. and its representatives harmless in their execution of this action. 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 Rising Stars Academy, Inc. If my child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian Signature _____ Date _____

Child's Name _____ M / F Date of Birth _____

Print Parent/Legal Guardians Name _____

Address _____ City _____ Zip _____

Medical conditions or allergies we should be aware of? _____

Emergency Contact (Parent) Phone # _____

Alt. Emergency Contact (Name) / Phone # _____

Email Address _____

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