

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 the Party Staff at and/or Rising Stars Academy, Inc. including ALL Officers and it's 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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