

Pride, Power & Potential Competitions - Liability Release Form

Team name: _____

Participant's Full Name: _____

Date of Birth: ____/____/____ Age: _____ Grade in School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

Email: _____

Parent/Guardian Names: _____

Health Insurance: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Limitation: _____

Medications: _____

Please read the following carefully:

The above-named participant has my permission to attend and participate in the Pride, Power & Potential Cheerleading & Dance Competitions. I warrant that the above information is accurate and complete. I further understand that Gymnastics & Cheerleading competitions carry an inherent risk of potential injury and/or harm and I hereby forever release and hold harmless Wings, Inc., and their event co-hosts, employees, assistants, and agents from any and all claims, causes of action, damages, contract liability, tort liability, and other legal or equitable liability arising out of or incident to my child's attendance and/or participation at this event.

Medical Release

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

I understand that my child's likeness may be used in Wings Center ads, promotional videos, website material, or various other marketing. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____
(if over 18 years of age)