

Legacy Tumble & Cheer
1156 HWY 149
Carthage, TX 75633

Medical Release and Acknowledgement

I am the parent or guardian of the previously named child (children) (hereafter referred to as the athlete or child) and I hereby permit the athlete to participate in the cheerleading, dance, tumbling and/activity program as well as any other physical activity offered by Legacy Tumble and Cheer. I hereby acknowledge that participation and/or physical activities carries with it potential hazards. I understand there is personal risk involved in any activity that involves motion, height, or rotation and that these activities although rare, can sometimes result in serious injury, disability or death.

I've read the above and agree.

Medical Release and Acknowledgement

I hereby attest and verify that my child is physically fit to participate in the strenuous exercise that is required to be a part of the cheerleading, tumbling, dance, class program and/or physical activity at Legacy Tumble and Cheer. In consideration for my child having the opportunity to participate in the cheerleading, dance, class program and /physical activity, I hereby release Legacy Tumble and Cheer, its owners, instructors, coaches, sponsors, parent volunteers, or any other volunteers, of any one or more of them or their executors, administrators, heirs, next of kin, successors or assigns of any from any liability, resulting from injury or death as a result of my child's participation in cheerleading, dance, class activities and /physical activity at Legacy Tumble and Cheer.

I've read the above and agree.

Medical Release and Acknowledgement

I understand that this form legally releases all responsibilities and obligations for the medical treatment of my child in the event of illness or injury during any class or squad related activity or function when a parent cannot be reached. I understand that if there is any physical or medical reason why my child should not participate fully, Legacy Tumble and Cheer requires a doctor's release.

I've read the above and agree.

Media release/payment acknowledgement

I authorize Legacy Tumble and Cheer to use any pictures, video or likeness of my child taken at Legacy Tumble and Cheer or any of their functions and competitions for their promotional materials and/or sales and waive any rights or compensation or ownership to such media. I understand that monthly tuition is due by the 1st of the month. I further understand that if payment is not received on or by the 5th of the month, a \$15 late charge will be assessed to my account. If I have a credit card on file or e draft I give my permission for any fees not paid by the 5th to be charged. I understand that if my card is declined it will run again on the 15th with a \$15 fee added. If my card is declined again my athlete(s) will not be allowed to participate until my account balance is zero. I understand that payment to my account at Legacy Tumble and Cheer is returned unpaid it will result in a \$25 bank fee as well as \$20 late fee if applicable. I understand that Legacy Tumble and Cheer does not refund tuition or fees for any reason.

I've read the above and agree.

Print Parent/guardian name

parent/guardian signature

List name/birthdate of participants: