

ASCEND ATHLETICS Waiver of Liability & Media Release

Ascend Athletics LLC, consisting of its representatives and staff, herein referred to as Ascend Athletics, requires all participants of its programs and extracurricular activities have an updated waiver on file. Please complete all sections below.

Participant Name _____	Parent Name _____			
Birthday _____	Phone _____	Text Alerts? Y N	Carrier _____	
Address _____	City _____	Zip _____		
Email _____				
Allergies _____	Previous injuries _____			
Emergency Contact _____	Relationship _____	Phone _____		
How You Heard About Us	<i>Social Media</i>	<i>Website</i>	<i>Referral</i> _____	<i>Birthday Party</i> _____

I, the undersigned participant, parent or guardian, do hereby grant permission for this person to participate in the activities of tumbling and cheerleading classes, open gyms, clinics, summer camps, birthday parties, and special events with/at Ascend Athletics. I understand that these activities involve risk to the participant.

I acknowledge and understand that due to the nature of these activities, which may involve running, jumping, spinning, inversion and rotation of the body, there is a possibility that the participant may sustain physical illness or injury (minimal, serious, catastrophic, or death) in connection with their participation. Parents and participants must understand that no amount of matting, spotting, training, or coaching excellence can guarantee a completely risk free program.

I further acknowledge that I, on behalf of the participant, assume the risk of such physical illness or injury by their participation, and I further release Ascend Athletics and their representatives and staff from any claims for personal illness or injury that the participant may sustain during participation in the activity or activities. In order that the participant may receive the necessary medical treatment in the event they may sustain injury or illness during participation in this activity or activities, and I am unable to be reached, I hereby authorize Ascend Athletics to obtain medical treatment for my child for such injury or illness during these activities, and hereby hold Ascend Athletics harmless in the exercise of this authority.

The participant and I have read and understand the above Medical Treatment Authorization and Liability Release, the assumption of risks, and hereby agree to these terms and conditions. My signature on this document acknowledges that the participant is physically able to participate in the activities.

I understand that media may be recorded during classes, open gyms, or other extracurricular activities to be used by Ascend Athletics for promotional purposes. I acknowledge that this media may include photographs, videos, and/or audio recordings of the participant and I hereby waive any right to inspect, approve, or claim ownership of any finished products created in connection therewith. I have read and agree to this Media Release and Waiver of Liability.

Signature of Participant, Parent or Guardian

Date

