

OUTLAW CHEER ATHLETICS TRANSPORTATION/PICK UP AUTHORIZATION FORM

Name of Child/Participant(s): _____

Activity or Special Event: _____, and any and all activities within and outside of the Outlaw Cheer Athletics facility.

In the event that my child suffers any illness or injury requiring emergency treatment while involved in Outlaw Cheer Athletics activities, I hereby give my permission for any necessary hospitalization, or medication on the recommendation of medical personnel, and I agree that I will be solely responsible for all costs. By signing this document, either individually and/or in the capacity of a natural or legal guardian, I acknowledge the inherent risks of bodily injury, psychological injury or even death, in the activities of sports, cheerleading, tumbling, swimming, and any other activities that Outlaw Cheer Athletics may provide or transport my child to as part of its programs, as well as through presence as a spectator. By signing this document, I, individually and/or in the capacity of a natural guardian, hereby release, hold harmless, and exculpate Outlaw Cheer Athletics, its owners, employees, volunteers, agents and representatives, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death. My release of liability for negligence, set forth above, further extends to any defective condition of the premises and off-site facilities, whether or not known, and to the act of transportation to or from the premises.

The following persons are authorized to pick up my child from Outlaw Cheer Athletics or from Outlaw Cheer Athletics field trip locations.

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

Adult Name: _____ Relationship to Child _____

****NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN****

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OUTLAW CHEER ATHLETICS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OUTLAW CHEER ATHLETICS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OUTLAW CHEER ATHLETICS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Printed Name of Parent (Guardian) _____

Signature: _____ Date _____