



3800/3900 Rive Drive
Moline, IL. 61265
309-716-7767
www.iwantelite.com

Event Name

Acknowledgement of Risk Waiver!

In consideration for participation in activities at Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, I hereby agree as follows:

I understand that participation in Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff activities is risky; and that risks of injury include, without limitation: scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants) for myself, and for my child or ward.

With the full understanding of the risks stated above I, for myself and for my child or ward, hereby release, hold harmless Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, and the owners, officers, directors, and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at this Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff facility.

I agree to reimburse any reasonable attorney's fees and costs that may be incurred by Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, in the defense of any such liability claim, demand, action, or cause of action. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, for myself and for my child or ward, agree to follow the safety rules of Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff, and agree that the failure of myself, my child or my ward to do so may result in expulsion from Elite Tumbling Academy. I approve the use of photographs taken by Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff photographers in which the undersigned is part of to be used on the Elite Tumbling Academy, Elite Cheer Force, Cari Winter and Staff website or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and their heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.

| <i>Child's Name</i> | <i>Date of Birth</i> |
|---------------------|----------------------|
| | |
| | |
| | |

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Address

City

State

Zip Code

Cell Phone Number

Email Address