LIABILITY WAIVER

Email: mrsrena@impact1allstars.com
www.impact1allstars.com
NORTH: 4500 Motorsports Drive, Concord, NC 28027
SOUTH: 429 Marvin Road, Fort Mill, SC 29707

HOW DID YOU HEAR ABOUT US?

_____

_____

Child's Name(s): _____ **DOB** _____/_____/_____

Primary Guardian: _____ **Relationship:** _____ **Email Address:** _____
First Name *Last Name*

Primary Phone: (_____)_____ **Type:** ☐ *Home* ☐ *Cell* ☐ *Work* **Other Phone: (_____)_____** **Type:** ☐ *Home* ☐ *Cell* ☐ *Work*

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Secondary Guardian: _____ **Relationship:** _____ **Email Address:** _____
First Name *Last Name*

Primary Phone: (_____)_____ **Type:** ☐ *Home* ☐ *Cell* ☐ *Work* **Other Phone: (_____)_____** **Type:** ☐ *Home* ☐ *Cell* ☐ *Work*

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Medical Insurance: _____ **Policy Number:** _____

I fully understand that IMPACT ONE Allstars members are not physicians or medical practitioners of any kind. With this in mind, I hereby release the IMPACT ONE Allstars Staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the IMPACT ONE Allstars, to seek medical help, including transportation by an IMPACT ONE Allstars Staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the IMPACT ONE Allstars staff deem necessary.

We, the staff of IMPACT ONE Allstars recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic (paralysis or even death) in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

IMPACT ONE Allstars, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the program offered by all rights and claims for damages that I or my child may have against the IMPACT ONE Allstars and/or its representatives whether paid or volunteer.

Parent/Guardian (please print): _____

Parent/Guardian (signature): _____ **Date:** _____