

# Fierce Athletics Cheer & Tumble Waiver Form

ATHLETE'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent's Phone Number \_\_\_\_\_  
Parent's Email Address \_\_\_\_\_

**WAIVER:** I, the undersigned, parent/guardian of, the athlete named above, understand that participating in any activities at Fierce Cheer Athletics, LLC or any other affiliated events with FCA, comes with certain degree of risk of injuries to the athlete. I agree to assume all risks and hereby release Fierce Cheer Athletics and any other affiliated company including but not limited to it's owners, employers, employees, or volunteers from any and all liabilities. I understand that all medical expenses are sole responsibility of the athlete or the athlete's family. FCA expects all athletes to carry their own medical insurance, which is not provided by Fierce Cheer Athletics.

**PHOTOS/VIDEO** : I also give permission to FCA and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athletes. I give FCA all rights to use any videotapes, photographs, and/or publications of the athlete in any promotional usage and/or any other means, without compensation.

## **Medical Release**

I hereby authorize and give consent to any approved staff members of Fierce Cheer Athletics to take whatever action necessary for any medical treatment, when parent/guardian cannot be reached. I understand that by signing this form that FCA is not liable for any injuries incurred during competitions, practices, classes, events, and/or anywhere upon the premises of FCA. I have disclosed all medical or physical information on the athlete mentioned above. I certify that the individual named is physically capable and able to fulfill their requirements needed to be an athlete at Fierce Cheer Athletics.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_