



LIABILITY RELEASE / PUBLICITY RELEASE /MEDICAL AUTHORIZATION

Athlete's Name: _____

I, _____, authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent and/or emergency contact can be reached and I will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own medical insurance.

I understand that tumbling, cheerleading camps, competitions, practices, clinics and gym equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Vegas Cheer Company LLC at their own risk and will not hold Vegas Cheer Company LLC, employees/ instructors liable for any and all injuries that may occur while participating in cheerleading.

The undersigned does hereby grant Vegas Cheer Company LLC and its successors, the unrestricted right to use the undersigned's name, likeness, or appearance on any calendars, photographs, tryout flyers, video material, film material, computer software, computer hardware, electronic online services, or other similar promotional material in any form, content or medium to promote or market Vegas Cheer Company LLC. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Vegas Cheer Company LLC of the undersigned's name, likeness or appearance.

Parent or Guardian Name Printed: _____

Parent or Guardian Signature: _____

Date: _____