



MEADOWLANDS STARZ Waiver and Release Form

Participant's Name: _____

Birth Date: ____/____/____

Email: _____

Address: _____

Phone: _____

In consideration of Meadowlands STARZ accepting myself or my child into participation and/or training in cheerleading/tumbling, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, open gyms, or any other activities connected with Meadowlands STARZ.

I give permission to Meadowlands STARZ and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures judged necessary for the care and protection of me or my child while under the supervision of Meadowlands STARZ. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency unit deems it necessary. Transportation will be at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify Meadowlands STARZ employees, owners, or volunteers from any claims, losses or expenses incurred on the behalf of me, my child or my child's family on the premises or during any event sponsored or sanctioned by Meadowlands STARZ. This release is intended to be binding upon the athlete, his/her heirs, assignees and successor in interest and anyone claiming by or through him/her.

Speaking for myself or as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities Meadowlands Starz.

X _____
Parent/Guardian Signature Date

Consent to Photograph and Media Release:

I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at Meadowlands STARZ or at a function sanctioned by Meadowlands STARZ. I hereby grant permission Meadowlands STARZ to use my child's photograph or likeness in any publicity or promotional publications. (i.e. website, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

X _____
Parent/Guardian Signature Date