

# Sierra Spirit Cheerleading

Phone: (775) 825-9393

920 Matley Lane #1

Reno, Nevada 89502

## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As the legal guardian of \_\_\_\_\_, residing at

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby consent to the aforementioned person participating in the Sierra Spirit Cheerleading programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including aerobics, dance, gymnastics and related activities, including tumbling, stunting, and cheerleading. I understand that it is the express intent of Sierra Spirit Cheerleading to provide for the safety and the protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Sierra Spirit Cheerleading, it's officers employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sierra Spirit Cheerleading or it's employees.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expense which may be incurred by my child as a result of any injury sustained while training at, or performing for Sierra Spirit Cheerleading.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL:** I hereby give my permission to trained medical professionals to administer emergency treatment to my child, should sickness or accident occur in my absence.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_