

ACTIVITY AGREEMENT/HEALTH INFORMATION
AMERICAN CHEER EXPRESS, INC.

AMERICAN CHEER EXPRESS, INC.

Team Name _____

Participant Name _____
Last First

These Forms Must Be Presented at Check In:

THIS COMPLETED FORM IS MANDATORY FOR PARTICIPATION IN THE AMERICAN CHEER EXPRESS INC. SPORTS PROGRAM AND RELATED EVENTS AND ACTIVITIES. PLEASE READ IT CAREFULLY AND SIGN WHERE INDICATED. IN THE SECTION MARKED "STATEMENT FROM PHYSICIAN," A COPY OF A CURRENT SCHOOL OR ORGANIZATIONAL PHYSICAL CAN BE SUBSTITUTED FOR A PHYSICIAN'S SIGNATURE. (DO NOT SEND ORIGINAL, AS IT CANNOT BE RETURNED TO YOU).

VIGOROUS ACTIVITY: The event involves vigorous athletic activity and may include stunts, pyramids, tumbling, jumps, dance and unity games. Due to the nature of the activity, we wish to inform you that the possibility of injury does exist, as with any athletic activity.

In consideration of the below-listed minor's enrollment and participation in any way in the cheerleader instruction sports program of American Cheer Express, Inc. and related events and activities, the undersigned:

1) Acknowledge and fully understand that each participant will be engaging in activities which involve risk of serious injury, including permanent disability and death, and severe social and economic losses which may result not only from the participant's own actions, in-actions, or negligence, but from the actions, in-actions or negligence of others, or as a result of the rules of play or the conditions of the premises or any equipment used. 2) The undersigned acknowledge and fully understand that there may be other risks not known to them at this time and not reasonably foreseeable to them at this time. 3) Assume all the foregoing risk and accept all personal responsibility for the damages following such injury, permanent disability, or death. 4) Release, waive, discharge, and covenant not to sue American Cheer Express, Inc., its affiliated clubs, respective administrators, directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, their heirs or next of kin, for any and all claims, demands, losses, or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise. 5) Agree that this waiver and release is to be interpreted according to the laws of the State of New Jersey.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. I/WE UNDERSTAND THAT WE WAIVE SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

X _____ DATE: _____

Printed Name of Parent/Guardian _____ Print Name of Participant _____

Address: _____
Street City State Zip

Phone: () _____

Permission is granted to use my child's/ward's picture in future advertisement, video, or literature for American Cheer Express, Inc.

X _____ Date: _____
Parent/Legal Guardian

Participant
NAME: _____ SEX: _____ AGE: _____
Last First

PARENT/GUARDIAN: _____

Home Address: _____
Street City State Zip

Phone: () _____

EMERGENCY CONTACT: _____ Phone: () _____

MEDICAL TREATMENT AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my child/ward to attend cheerleading event sponsored and conducted by American Cheer Express. In the event of injury/illness, I hereby authorize American Cheer Express to obtain medical treatment for my child/ward for such injury or illness during any event and I hereby hold American Cheer Express, the Host School or Institution and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in these events, there is a possibility of physical injury or illness and that my child/ward is assuming the risk of such injury or illness by his/her participation.

X _____ Date: _____
Parent/Guardian

Health Insurance: _____

Policy #: _____

Subscriber Name: _____ Relationship: _____

STATEMENT FROM PHYSICIAN

**** A copy of a current school physical or organizational physical can be substituted for this section ****

In your opinion, per physical in past 12 months, is the individual listed above physically able to take part in all phases of the ACE event?

(Yes/ No) _____

Is there pertinent information which we need, such as a history of diabetes or epilepsy? (Yes/No)

Any known allergies, including allergies to medication? _____

Comments re: physical conditions of participant, if any? _____

Physician's signature: _____ Date: _____

1993, American Cheer Express, Inc.

Three Parental Signatures Required